



# New Zealand Health Strategy

## Future direction

**All New Zealanders**  
**live well**  
**stay well**  
**get well**

New Zealand Government

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Cover photo: Thanks to the teachers and children of Waterloo Kindergarten, Lower Hutt and the Waterloo Community Garden.

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MANATŪ HAUORA



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# New Zealand Health Strategy

## Future direction



**All New Zealanders**

**live well**

**stay well**

**get well**

# Minister of Health's foreword

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**We enjoy good health and health services in New Zealand. But looking to the future, we will need to work differently to meet changing health needs.**



This refreshed New Zealand Health Strategy (the Strategy) sets the framework for the health system to address the pressures and significant demands on its services and on the health budget. As the first refresh of this country's health strategy since 2000, it sets the direction for development during the next 10 years.

This strategy is the result of extensive consultation throughout New Zealand. It is designed to address our changing health priorities and fiscal targets. It encourages innovation and creating and using opportunities, including the exciting potential of medical and information and communications technologies.

Engagement with the health sector and the New Zealand population in two stages over approximately eight months developed a picture of what the future might look like and resulted in this strategy. To get there, the Strategy puts greater emphasis on maintaining health, health literacy and illness prevention to reduce future demands and allow New Zealanders to live well, stay well and get well.

Overwhelmingly, I heard the need for a greater focus on people, how to engage better in designing services together and how to better understand people's needs. I also heard from many in the sector, and this was reinforced during consultation on the draft strategy, that they are ready and willing to embrace the changes we need to make to breathe life into the New Zealand Health Strategy — that they are committed to leading their different parts of the system toward a common future. In a complex and devolved system, commitment to changing how we work is critical to achieving success.

This updated strategy shares the common view of where we want to go in New Zealand health. The five themes – people-powered, closer to home, value and high performance, one team and smart system – are cornerstones in establishing a health sector that understands people's needs and provides services that are integrated across sectors, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life.

The health sector will need to be adaptable in coming years as developing technology changes how services can be delivered in ways we do not yet understand. The support of being one team with a common purpose provides the base for adaptation and innovation needed for value and high performance that will in turn lead to a sustainable and enduring public health service.

This strategy pursues equitable outcomes for all New Zealanders. It reinforces the provisions in the New Zealand Public Health and Disability Act 2000 to recognise and respect the principles of the Treaty of Waitangi with more support to participate in the sector and in making decisions on services. Given the poorer health experienced by Māori, the Strategy also stresses that services must be provided more effectively for Māori.

We need to work on all New Zealanders achieving equitable health outcomes, and we will target and tailor services for those groups who have poorer health and social outcomes than the population on average, for example Pacific peoples, people with disabilities and people with mental health conditions.

**Hon Dr Jonathan Coleman**  
**Minister of Health**



**Overwhelmingly,  
I heard the need  
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# Director-General of Health's foreword

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**The updated New Zealand Health Strategy sets the direction New Zealand's health and disability system needs to take into the future.**



There is general agreement that the challenges we face are complex. But there is also a confidence that we can work together to address these, using the very real strengths of our system and the experience and skills that we bring to our roles.

This strategy emphasises the need for integration of our framework, methodology and approach, as well as coherence so that we are all clear on the role we each have to play in making our desired future a reality.

The Ministry of Health conducted an extensive consultation process that has allowed us to develop a clear picture of the future that reflects who we are as New Zealanders, and has been important in helping set the direction of where we want to go in health. The future picture is underpinned by guiding principles for how we wish to work together. These give colour to the kinds of values, behaviour and culture that will be important to achieving a change in the health system.

The public engagement helped us to identify and confirm five strategic themes for the Strategy. A Roadmap of Actions brings these strategic themes to life, proposing an evolution of change to realign our operating model, encourage innovation and ensure sustainability.


I would like to acknowledge the input to this strategy from a vast array of people: those who attended public meetings and the online forum; those who made submissions; the many from throughout the sector who met with or advised us; and officials and professionals from other sectors who made the links and are keen to stay engaged. Thank you for contributing. I also thank the many Ministry of Health staff and advisors who contributed to the Strategy's development for their hard work and acknowledge the passionate leadership of the late Don Gray through the formative stages of this strategy.

I recognise that the way forward will require us all to think and act differently. For the Ministry of Health, that means we need to clarify our leadership role in the system, how we interact with others and how we focus our efforts to make improvements in the system.

There are leadership roles throughout the system but the Ministry's role includes being a system steward. This involves keeping an overview of the whole system and ensuring that the capabilities and connections across organisations add up to a strong system that is more than the sum of its parts. The Ministry commenced changing in 2015 to help guide our staff to a new way of working and to build our capability so we can do our part in enabling the journey.

I am confident that, together with other leaders in the system, we can bring about the necessary changes to make the future envisaged in this strategy into a reality and achieve even better health outcomes for all New Zealanders.

**Chai Chuah**  
**Director-General of Health**  
**Ministry of Health**



**I recognise that the way forward will require us all to think and act differently.**



**Haere Aotearoa i runga i te ora**

**Toitū te mauriora**

**Kia piki hoki te ora me te  
māramatanga**



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# Why a health strategy?

## Our health system supports every New Zealander at times in their life.

The things we need for our health and independence can vary widely. For example, we may need primary care and community services to support our wellness and prevent illness, services to help us manage long-term conditions, or urgent help to deal with accidents or acute illness.

New Zealand's health system (the system)<sup>1</sup> has many skilled and dedicated health workers and organisations working in a wide range of services, including public health services and personal health services.<sup>2</sup> In many ways, our system performs well.

However, our system is not always well equipped to help people interact easily with services. Connecting people with health services, and joining these up with disability services and social services, is essential. This integrated approach will improve people's overall wellbeing and get the greatest value from the public funding invested in health services.

Our system can struggle to give all New Zealanders equitable access to health services: some population groups continue to benefit less from the health system than the

**'... a much more systematic, scaled and long-term approach to implementing key systems and cultural changes... will influence clinician and patient behaviours and choices towards a more sustainable and equitable health system.'**

Primary health organisation\*

population as a whole. We have to rise to the challenge of achieving better outcomes for everyone, within the resources we have. This means we must find new ways of working to deliver the services we need.

To perform to a high standard, the system needs more than a skilled health workforce and resources. It needs a shared view of its overall purpose and the direction it is going, combined with effective ways of working.

1. By 'health system', we mean the range of organisations contributing to the health of New Zealanders, including but not restricted to the organisations established through the New Zealand Public Health and Disability Act 2000, such as district health boards and other Crown entities.

2. In this strategy, 'health services' refers to services focused on improving health, including public health and population-level services as well as services for individuals.

\* Quotes are from organisations and individuals that participated in consultation over the New Zealand Health Strategy in 2015.

The legislation that governs New Zealand’s publicly funded health and disability services requires the Minister of Health to have a strategy for health services – a health strategy – aimed at improving the health of people and communities.<sup>3</sup> Legislation also requires a strategy for disability support services (the New Zealand Disability Strategy).<sup>4</sup> Taken together, the two strategies provide a framework for the full range of services that comprise the wider health and disability system.<sup>5</sup>

The previous health strategy was developed in 2000. We have made significant progress since then in areas such as the affordability and organisation of primary care and elective surgery waiting times. However, the challenges now facing the health system make it necessary to again clarify the shared future direction of health services.

This update of the New Zealand Health Strategy will provide this clarity and enable different parts of the system to work together to improve it.

On behalf of the Minister of Health and Government, the Ministry of Health (the Ministry) has led the development of this strategy as part of its role as steward of the health system. In this context, stewardship means focusing on the long-term future and performance of the whole system, and taking steps to improve performance as necessary.

In its stewardship role, the Ministry is uniquely placed to lead the whole system and strengthen the links between its different parts. However,

stewardship also involves recognising that partner organisations will lead and support much of the transformation required in the sector. These organisations include local entities such as district health boards and primary health organisations, and national bodies such as the Accident Compensation Corporation and the Health Quality and Safety Commission New Zealand.

**A strategy** is a guide for achieving the sort of future that you want. It can help people, organisations or a whole system work together more effectively on the most important things. Without a strategy, small problems today can become big problems over time.

The Strategy has two parts.<sup>6</sup>

- **The New Zealand Health Strategy: Future direction** (this document) outlines the high-level direction for New Zealand’s health system over the 10 years from 2016 to 2026. It lays out some of the **challenges and opportunities** the system faces; describes **the future we want**, including the culture and values that will underpin this future; and identifies **five strategic themes** for the changes that will take us toward this future.
- **The New Zealand Health Strategy: Roadmap of actions 2016** (companion document) identifies specific areas for action over five years to make the Strategy happen. This roadmap will be periodically updated over the 10-year lifetime of the Strategy.

Figure 1 identifies the components of the Strategy, and where to find them in this document and the companion Roadmap of Actions.

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3. The New Zealand Public Health and Disability Act 2000 Section 8(1) requires the Minister of Health to ‘determine a strategy for health services, called the New Zealand health strategy, to provide the framework for the Government’s overall direction of the health sector in improving the health of people and communities’.

4. The current New Zealand Disability Strategy was released in 2001. An update is proposed for 2016.

5. This health strategy provides direction for providing health services for people with disabilities. Many of its themes are also relevant to disability support services that health system organisations fund and provide, and they will inform the updated New Zealand Disability Strategy. Figure 10 on page 38 gives an overview of the wider health and disability system.

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6. Both parts of the Strategy together comprise the ‘New Zealand health strategy’ required by Section 8(1) of the New Zealand Public Health and Disability Act 2000.

**Figure 1:**  
**Components of the New Zealand Health Strategy**



## New Zealand's health system performs well

In 2014, 90 percent of New Zealanders reported they are in good, very good or excellent health, the highest percentage reported by any country in the Organisation for Economic Co-operation and Development (OECD); for those aged over 75 years, the figure is 87 percent.

80 percent of adults reported they are satisfied with the care they receive from their usual medical centre and 83 percent of people rate their care in emergency department services as good or very good.

95 percent of New Zealanders are enrolled with a primary health organisation.

New Zealanders are more likely to report being able to get a doctor's appointment on the same or next day than people in the United Kingdom or Australia.

Waits for emergency department care are the shortest of 11 countries surveyed by the Commonwealth Fund.

Life expectancy for New Zealanders is 79.5 years for males and 83.2 years for females, both above the OECD average.

Our health system supports: 12.6 million daytime visits to general practitioners (GPs) per year (and 2.8 million visits to general practice nurses); the dispensing of 65 million pharmaceutical items; 24 million laboratory tests; and 1 million emergency department visits per year.

Sources: Ministry of Health. 2015. *Health and Independence Report*. Ministry of Health 2013. *Patient Experience 2011/12: Key Findings of the New Zealand Health Survey*. Commonwealth Fund. 2012. Commonwealth Fund International Survey of Primary Care Physicians. Commonwealth Fund. 2013. Commonwealth Fund International Health Policy Survey in eleven countries. Also unpublished Ministry data.

# Health in the wider context of people's lives

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**Health affects everyone, every day, and our system contributes in important ways to the overall wellbeing of New Zealanders and their families.**

Health is defined by the World Health Organization as 'a complete state of physical, mental and social well-being, not merely the absence of disease or infirmity'.

Before birth and throughout childhood, adolescence and adulthood, all kinds of factors influence a person's ability to live well, stay well, get well and, ultimately, to experience a good end to life. As people grow older, they are exposed to various risks to their health, such as tobacco, poor housing and lack of exercise. On the other hand, they may also have or gain skills that help them to live a good life well into old age and to cope well with setbacks along the way. All these factors influence a person's health, independence and wellbeing, including how vulnerable they are to long-term conditions.

This way of thinking about health is often called a 'life-course approach'. It highlights the way factors outside the health system strongly influence people's health. Of course, health services such as general practices and pharmacies, immunisations and safety tests for drinking-water are important over the course of people's lives. However, the life course approach recognises that influences outside the health system, such as home environments and participation in work, are also vital to people's wellbeing and health.

In a similar way, good health brings benefits for other aspects of people's lives (Figure 2). For example, parents who have good health and mental wellbeing can support the social

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**'Good health, starting in childhood and continuing throughout the life course, requires investment in prevention and interventions that make the environment in which children grow, learn and play a healthy one.'**

District health board

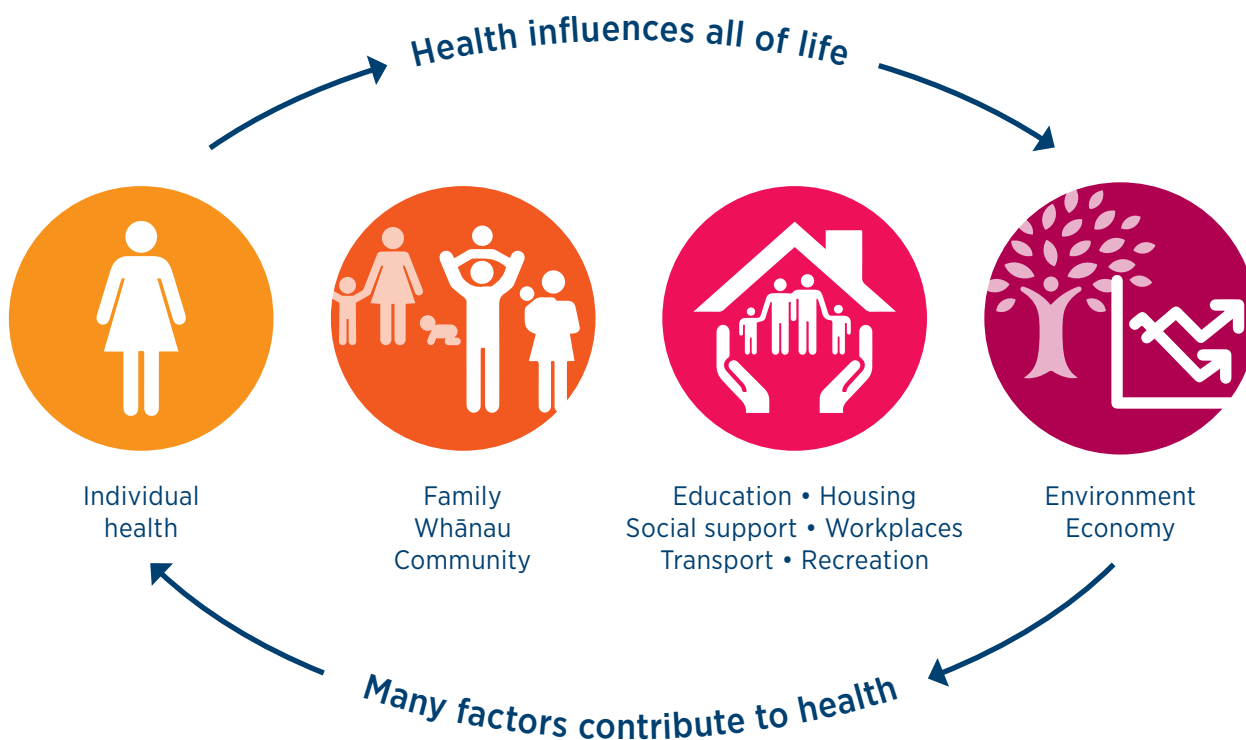
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development, educational outcomes and lifelong experiences of their children, and of their wider families and whānau.

This strategy is focused on health but is set within this wider context, recognising the connections between health and other aspects of people's lives.

Recognising this wider context is consistent with wai ora, which is an element of He Korowai Oranga, the Māori Health Strategy. Wai ora captures the idea that the environments in which we live have a significant impact on the health and wellbeing of individuals, whānau and communities.

**Figure 2:**  
**Health links with the wider environment**



### Partnering across government

The Government is focused on improving the lives and wellbeing of New Zealanders. Its priorities include work, across agencies, to tackle the complex and long-term problems that some New Zealand families face.

Its Better Public Services<sup>7</sup> priority sets challenging targets in 10 result areas for government agencies. These include specific targets for the health system, which relate to immunisation and preventing rheumatic fever. Three other result areas in which the health system has a part to play are: reducing welfare dependency, reducing assaults on children and improving people’s interactions with government, for example, through online services.

Increasingly, government agencies are working with each other in coordinated and effective ways to respond to priority issues. Such cross-government activities are consistent with the life-course approach described above, which sees health status as an outcome of our environment and connected with other aspects of life.

Government agencies are using and sharing data more effectively to discover which individuals and community groups have the greatest needs, and they are becoming more coordinated in their responses to service users who deal with more than one agency. Agencies are also using investment approaches (described in the box on the following page) that identify the mix of services that will result in the best outcomes for all New Zealanders in the long term.

7. [www.ssc.govt.nz/better-public-services](http://www.ssc.govt.nz/better-public-services)

The New Zealand Productivity Commission's 2015 report on More Effective Social Services<sup>8</sup> highlights the imperative to work differently to better meet the needs of New Zealand's most disadvantaged people. It provides guidance to agencies to meet this goal, recognising that meeting it will involve a process of learning.

An **investment approach** takes into account the long-term impact of current government spending on people's lives. Investment in the health sector that results in people having a greater ability to participate in education and employment and a lower prevalence of, for instance, alcohol and drug dependency, family violence or mental health conditions, has a positive long-term financial impact for the social sector. It also has non-financial benefits as people experience longer lives, lived in better health and independence, with greater educational achievement and with dignity. As a specific funding mechanism, 'investment funding' gives providers an incentive to focus on these long-term impacts and value them alongside immediate, short-term gains.

The Ministry of Health, alongside other government agencies, is working on a range of initiatives including:

- providing healthier homes and addressing factors such as overcrowding to reduce the risk of illnesses like rheumatic fever and respiratory conditions
- putting families and whānau at the centre of service delivery through Whānau Ora
- supporting people's ability to return to work after a health-related absence, through initiatives

8. [www.productivity.govt.nz/inquiry-content/2032?stage=4](http://www.productivity.govt.nz/inquiry-content/2032?stage=4)

such as providing medical and vocational rehabilitation for long-term conditions, reducing teen pregnancy and addressing differences in treatment based on whether the absence was due to illness or accident

- reducing assaults on children, by working closely with the Police, courts and justice sector partners, and providing mental health and addiction treatment.

Figure 3 shows how the Strategy fits with other government strategies and priorities, including the New Zealand Disability Strategy, which sits alongside the New Zealand Health Strategy. It has been informed by the Government's four high-level priorities and will support the health system's contribution to a range of cross-government strategies.

The Ministry of Health has a range of other population and health strategies that provide more specific directions for particular population groups or health conditions. Updates to these strategies from 2016 onwards will reflect the direction of the New Zealand Health Strategy.

Māori experience poorer health outcomes overall than the non-Māori population and are therefore a priority group for this strategy. Consequently, an important associated strategy is He Korowai Oranga, the Māori Health Strategy, which was updated in 2014. It sets the overarching framework to guide the government and the health and disability sector to achieve the best health outcomes for Māori. He Korowai Oranga's overarching aim, Pae Ora – healthy futures – encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective services. Action taken under He Korowai Oranga is one way the health system recognises and respects the principles of the Treaty of Waitangi.

For similar reasons, 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing, a strategy for improving the health of Pacific peoples, is of key importance in achieving the goals of the Strategy. A central part of the vision of 'Ala Mo'ui is equitable health outcomes for Pacific peoples.



**Figure 3:**  
**The New Zealand Health Strategy in its government context**



# Challenges and opportunities

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**The New Zealand Health Strategy will use New Zealand's many strengths to deal with challenges and make the most of opportunities for the health system.**

## **New Zealand's health system is strong**

By measuring our performance against international benchmarks, we can see that New Zealanders usually get the health care they need when they need it and that most New Zealanders are generally happy with the health services they receive.<sup>9</sup>

Among New Zealand's strengths are:

- a publicly funded, universal health system with a committed and highly trained workforce
- health services with a strong focus on primary care and a widely supported focus on wellness
- a unique public health and no-fault accident compensation system, which serves the whole population throughout their lives
- a strong desire for health and social services to work better together
- local decision-makers in district health boards (DHBs) who are well positioned to respond to community needs and integrate services

- a growing best practice evidence base developed through research
- Māori and Pacific health providers, connected to their communities and modelling integrated approaches to health.

## **... and connected to a changing world**

New Zealand will always be geographically distant from the rest of the world. But we are now more connected with it than ever, as people move around the world, technology markets become global and the internet spreads knowledge and cultural practices.

This international context will continue to shape New Zealanders' experience of health. It means our system needs to be aware of developments and effectively draw on and absorb global ideas and evidence.

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9. Ministry of Health. 2015. *Health and Independence Report*. Wellington: Ministry of Health; Commonwealth Fund. 2013. Commonwealth Fund International Health Policy Survey of eleven countries. URL: [www.commonwealthfund.org/interactives-and-data/surveys/2013/2013-commonwealth-fund-international-health-policy-survey](http://www.commonwealthfund.org/interactives-and-data/surveys/2013/2013-commonwealth-fund-international-health-policy-survey) (accessed 4 April 2016).

## Global challenges

- Health and social services must be provided to increasing numbers of older people who are living longer.
- The health burden of long-term conditions, such as heart disease, diabetes, depression, dementia and musculo-skeletal conditions, is growing.
- Benefits need to be assessed in light of affordability as new technologies and drugs emerge and expectations about health services rise.
- The global workforce is highly mobile.
- New infections and antibiotic resistance are emerging.
- Climate change has health and social consequences.

## We face challenges

New Zealanders are living longer, and every year, more of us are aged over 65 years. This is good for individuals and their families. But it does mean social and health services will have to adapt, and it challenges the health system to find ways of providing services that are still affordable.

Keeping an older person healthy and independent can involve more health and social services than are needed for younger people. Older people are also more likely to have a disability and to have more than one health condition. We want a health system that supports people to live longer but also to spend more of that life in good health.

Dealing with long-term conditions is a particular challenge with an ageing population. Dementia is one example. We expect the number of

## ‘Given New Zealand’s ageing population... it is critical that the health system includes in its planning specific actions to manage this demographic change.’

Non-governmental organisation

New Zealanders with dementia to rise from about 48,000 in 2011 to about 78,000 in 2026.

Obesity is becoming more common and has long-term health and social impacts. Among New Zealand children as a whole, 10 percent are obese, but the rate is 30 percent in Pacific children.<sup>10</sup>

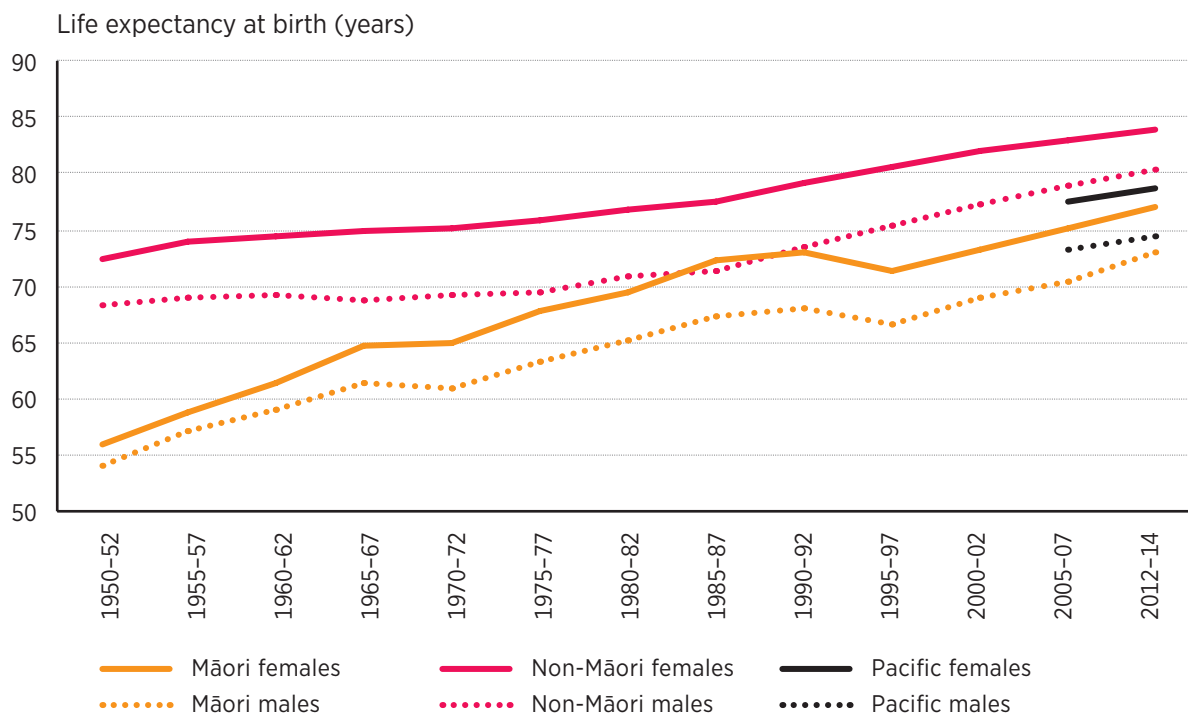
Some of New Zealand’s population groups do not benefit from the health and disability system as much as others. For example, while New Zealanders overall are living longer, Māori and Pacific peoples still have lower life expectancies than the population as a whole (Figure 4). People with an intellectual disability can also expect to live for 18–23 fewer years than others.<sup>11</sup> Disabled people generally experience worse health than the rest of the population. Twenty-nine percent of disabled people rated their health as fair or poor compared with only 4 percent of non-disabled people.<sup>12</sup> Children are another population that may not access the health services they need because they depend on others for that access.

10. Ministry of Health. 2015. *Health and Independence Report 2015*. Wellington: Ministry of Health.

11. Ministry of Health. 2011. *Health Indicators for New Zealanders with Intellectual Disability*. Wellington: Ministry of Health.

12. Statistics New Zealand. 2014. *Social and Economic Outcomes for Disabled People: Findings from the 2013 Disability Survey*. Wellington: Statistics New Zealand.

**Figure 4:**  
**Life expectancy at birth, by ethnic group, 1950–2014**



Source: Statistics New Zealand. 2014. Complete New Zealand Period Life Tables – time series summaries: Life expectancy by age and sex, 1950–52 to 2012–14.

New Zealand’s total health and disability spending is about \$18 billion, or about 9.5 percent of gross domestic product (GDP); this covers spending in the public, private and non-governmental organisation (NGO) sectors, including ACC expenditure.<sup>13</sup> As a percentage of GDP, the total is slightly over the OECD average but consistent with most OECD countries. New Zealand is unusual in that taxpayers fund most of its health expenditure – about 7 percent of GDP.<sup>14</sup> Health makes up about 22 percent of government spending.

**‘The cost of providing health care in a way that adequately meets current public demand is becoming prohibitive and ... we will quickly fall behind the developed world in this important task if we persist with the current model. It is unsustainable.’**

Non-governmental organisation

13. <http://stats.oecd.org/index.aspx?Dataset=SHA> (accessed 14 September 2015).

14. The Treasury. 2013. *Affording Our Future*. Wellington: The Treasury. p 4.

The cost of providing health services through the current model is unsustainable in the long term. The Treasury estimates that, if nothing were to change in the way we fund and deliver services, government health spending would rise from about 7 percent of GDP now, to about 11 percent of GDP in 2060 (Figure 5). It is essential that we find new and sustainable ways to deliver services, investing resources in a way that will provide the best outcomes possible for people's health and wider wellbeing.

An independent review of New Zealand's health funding system<sup>15</sup> noted three ways in which funding arrangements sometimes prevent resources from being used to achieve the best possible outcomes.

- Present arrangements may not clearly show the results that we get from health spending, making it hard to prioritise funding or take into account long-term, cross-sectoral benefits from investment.
- When demand changes, service mix and design may not change quickly enough to deal with it. Often our funding and contracting arrangements encourage health services to keep doing things as they have always done them, instead of allowing them to work differently.
- Some funding arrangements contribute to disparities between groups in their access to services, and sometimes they widen the gap in unmet need.

New Zealand's health workforce also faces challenges. It is ageing – 40 percent of doctors and 45 percent of nurses are aged over 50 years.<sup>16</sup> It also has a large unregulated workforce (numbering about 63,000), including care and support workers, or kaiāwhina, who often have limited access to training. Many of our workforce have trained overseas – 42 percent of our doctors, 32 percent of our midwives and 26 percent of our nurses. This means we need to continually invest in training so that our health workforce has the skills needed to meet the health needs and expectations of caring for New Zealanders.

New Zealanders' needs and expectations are themselves changing. These changes are happening not only because the population is ageing but also because it is becoming more ethnically diverse. In Auckland, for instance, around 39 percent of residents were born overseas; Asian populations are growing the fastest and now represent almost one in four people living in Auckland.<sup>17</sup>

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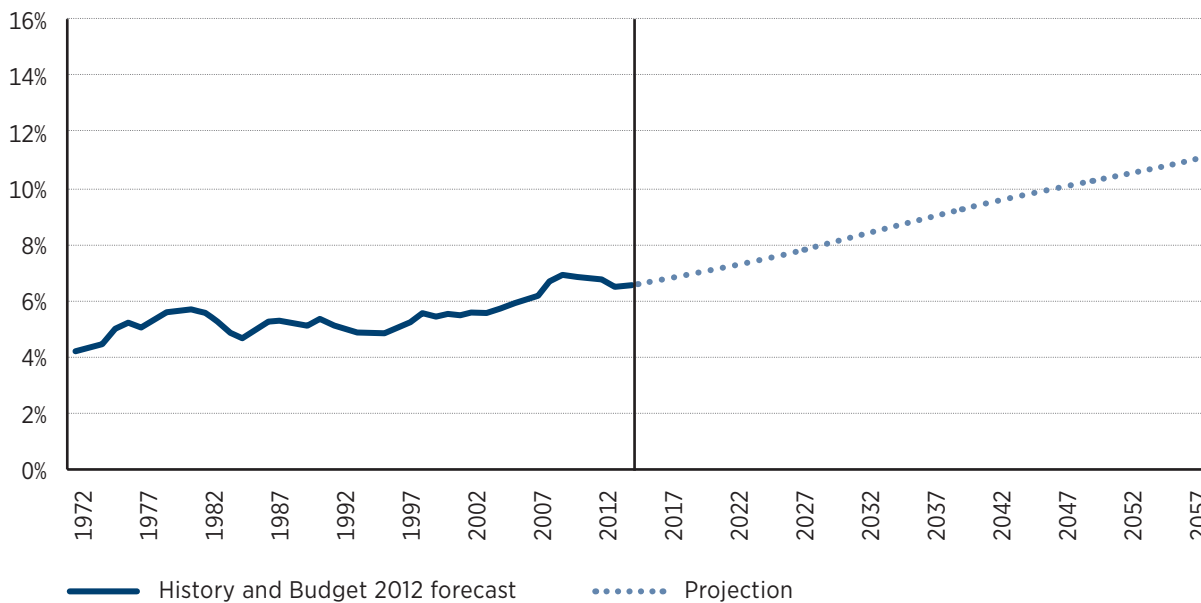
15. See [www.health.govt.nz/healthstrategyupdate](http://www.health.govt.nz/healthstrategyupdate)

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16. Ministry of Health. 2016. *Health of the Health Workforce 2015*. Wellington: Ministry of Health.

17. Statistics New Zealand. 2013 Census QuickStats about a Place: Auckland Region. URL: [www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request\\_value=13170&tabname=](http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request_value=13170&tabname=) (accessed 4 April 2016).

**Figure 5:**  
**Projected government health spending as a percentage of GDP**



Source: The Treasury. 2012. *Health Projections and Policy Options for the 2013 Long-term Fiscal Statement*, p 18.

### ... but we have many opportunities

By focusing on preventing illness and by making healthy choices easy, we can help people either to avoid developing long-term health conditions or to slow the development of those conditions. An important part of this focus involves providing universal health services and public health initiatives that cover the whole population. In addition, tailored approaches are needed for some individuals and population groups so they can access the same level of service and enjoy the same outcomes as others.

In New Zealand, we have a strong and growing knowledge base, developed from research, about what contributes to good health, from birth into adulthood.<sup>18</sup> This knowledge will be an ongoing resource to guide policies that help children to start out on pathways for healthy growth and development. Early intervention can help prevent some health conditions that can occur later in life.

We can keep expanding our thinking about who contributes to health by tapping into the skills of individuals, families and whānau, communities and businesses. Building stronger partnerships with them will help us to do this.

Like other sectors, the health sector can benefit from advances in technology and related infrastructure such as broadband. When routine tasks are automated, skilled staff can focus on what they do best. Sharing information in appropriate ways across organisations and with patients and families and whānau can let us know who is missing out and what isn't working so we can change it.

In summary, our system may be functioning well enough today, but we can't guarantee that it will be tomorrow. This strategy provides an opportunity to improve our health system and wider social services, so that in the future we are better able to support the health and wellness of New Zealanders. A key to our success in making these improvements will be our ability to work together.

18. For example, *Growing Up in New Zealand* ([www.growingup.co.nz](http://www.growingup.co.nz)) and the Dunedin study (<http://dunedinstudy.otago.ac.nz>).

# The future we want

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**A wide range of people contributed to this strategy. They have shared their ideas and experiences about the challenges facing today's system, and what a better future system could look like.**

The discussions we had in developing this strategy revealed a range of things we need to do differently or better. In many cases, the very process of identifying the problem presented us with potential solutions.

We found many examples of great practice or progress that we could extend across the system.

From the range of information and perspectives people gave us came a relatively consistent view of what a better, more 'fit for the future' system could look like. We captured this view as:

**All New Zealanders live well, stay well, get well**, in a system that is **people-powered**, provides services **closer to home**, is designed for **value and high performance**, and works as **one team** in a **smart system**.

The statement 'All New Zealanders live well, stay well, get well' is central to this strategy. We intend it to reflect New Zealand's distinctive health context and population needs.

Within this statement, the single word 'all' is important. It reflects the need for a fair and responsive health system that improves health outcomes for key groups, including Māori, Pacific peoples and disabled people, who are not currently gaining the same benefits from the health system as other New Zealanders. To improve outcomes for these groups, the health system will need to improve its understanding of different population groups, involve people in designing services and provide a range of services that are appropriate for the people who use them.

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**'To achieve health and wellbeing throughout [people's] lives requires a health system that knows and connects with people at every touch point, not just when they are sick or disadvantaged.'**

Industry group

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'All New Zealanders live well, stay well, get well' also highlights wellness as a goal. This acknowledges that people want not just a long life, but also quality of life, so that they are well for as many years of their life as possible.

## Culture and values

The previous health strategy, developed in 2000, was built on seven principles. Our discussions indicate that these principles still reflect our values and the expectations New Zealanders have of their health and disability system.

We propose to keep these principles and to add one more that reflects what people told us about the importance of working beyond the boundaries of health services.

Our refreshed principles underpin this strategy. They will also be reflected in work across the system, and in any new strategies or developments.

## Aligning behaviours

To make this strategy work, we need to make our behaviours, actions and approaches consistent across the system. We need to put people at the forefront of our thinking and actions. Moving ahead will involve some changes in behaviour, which we can use to identify success, in particular when there is a shift from:

- treatment to prevention and support for independence
- a focus on the individual to a wider focus on the family and whānau
- service-centred delivery to people-centred services
- competition to trust, cohesion and collaboration
- working in fragmented health sector silos to taking integrated social responses.

## Refreshed guiding principles for the system

1. Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
2. The best health and wellbeing possible for all New Zealanders throughout their lives
3. An improvement in health status of those currently disadvantaged
4. Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors
5. Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A high-performing system in which people have confidence
7. Active partnership with people and communities at all levels
8. Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing



# Five strategic themes

Building on our guiding principles, this strategy has five themes to guide us. These provide a focus for change.

The themes are shown in Figure 6 below and discussed further in the sections that follow.

These themes are shown as interconnected. The links among them reflect the balance that everyone working in the system has to strike between what is best for people's health and wellbeing, at individual and population levels, and what is affordable and possible. Finding this balance involves choices. Sometimes there are

trade-offs; for example, when someone can't get an appointment as soon as they want because the service is dealing with more urgent needs.

A great system will find a balance that matches the most important needs with the best use of skills and resources. The aim is to have a more integrated and cohesive system that works in the best interests of New Zealanders.

**Figure 6:**  
**Five strategic themes**  
**of the Strategy**



# 1. People-powered

## Mā te iwi hei kawē

### This theme is about:

- making New Zealanders 'health smart'; that is, they can get and understand the information they need to manage their care
- enabling individuals to make choices about the care or support they receive
- understanding people's needs and preferences and partnering with them to design services to meet these
- communicating well and supporting people's navigation of the system, including through the use of accessible technology such as mobile phones and the internet.

### Why is it important?

The health system plays an important role in providing people with the information they need to fully understand issues to do with health and wellness, including how to be healthy, access health services and manage their own health care. 'Health literacy' is the term used to describe people's ability to get and understand basic health information and services in order to make informed health decisions. To improve health literacy, service providers need to work in partnership with service users, supporting and encouraging them to be 'health smart'.

In this partnership between providers and users, different groups of people will need different forms of support, depending on factors such as their age, ethnicity, expectations and beliefs, location and existing conditions or disability. Some people may have service preferences that need to be heard in order to find the best match between their needs and the right solution.

**'...we should have consumers involved at all levels of the health system ... it would be a catalyst for driving change to make services be more responsive to consumers.'**

Health sector workshop attendee

We can strengthen people's role in the system not only through improving their health literacy, but also by better understanding how health fits into people's lives and how it relates to their needs, interests and priorities. With this knowledge, we can partner with people to design care that better meets their needs and wants.

MidCentral DHB employs a **Clinical Nurse Specialist** focusing on intellectual/learning disabilities in an acute health care setting. The role is designed to meet the needs of people with intellectual and developmental disabilities in hospital and in the community so that they are well supported and have individual care plans. The nurse meets with people throughout their journey: during pre-admission, before surgery, at emergency departments, on the wards and at outpatient appointments. The nurse also supports staff to do things differently to meet each individual's needs and to focus on seeing the person first and the disability second.

Such partnerships can involve tailoring services to better cater for particular population groups; for example, providing access to health services in community settings such as schools or churches rather than in a clinic. It can also involve providing the user with more integrated services, both within health and across social services (see the box on page 31).

He Korowai Oranga, the Māori Health Strategy,<sup>19</sup> uses the concept of *mauri ora* to reflect its focus on individual people. It says that people using health services need pathways to care that meet their immediate needs as well as their future needs, across all stages of their life. In addition, the New Zealand Public Health and Disability Act 2000 provides ways for Māori to contribute to decision-making on health and disability services and to participate in the delivery of those services. People-powered actions described later in this Strategy are consistent with these elements of He Korowai Oranga and legislation.

Although of course the people-powered theme is focused on people, it goes hand in hand with digital technologies. Using tools like telehealth systems and mobile health apps, health services can engage with people wherever they are located. Moving to a stronger customer-focused approach is important to the Government, and is part of its 'better public services' priority. This Strategy takes this approach, though it uses the term 'people', rather than 'customer'.

The health system can learn many lessons from **disability support services** about how to provide more people-powered services. Some people choose to receive their disability support funding as a personal budget. This 'Individualised Funding' model gives people choice and control about how, from whom and when they get support. It means they can get the services that best suit their needs. Around 2330 New Zealanders now have an Individualised Funding allocation.

To enable people-powered health, we need to use data to better understand people and populations, know what works for people and why, and continuously adapt service and funding approaches. Across the health, disability and wider social sectors there are examples of new initiatives that are taking more people-centred approaches. These provide models for the approach that should become more widespread across the system.

**Patient portals** are secure online sites provided by GPs where people can access their health information and interact with their general practice. Using a patient portal, people can better manage their own health care. For example, through Medplus on the North Shore, people can request repeat prescriptions and book appointments online. As well as being convenient, portals are efficient for practices; they reduce administration time and allow practice teams to deal with more acute, critical care needs. More than 75,000 people enrolled at 181 general practices across the country can now use a patient portal.

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19. See [www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga)

The **Prime Minister's Youth Mental Health Project** is a cross-agency programme, led by health, to improve mental health and wellbeing of 12- to 19-year-olds. The programme includes 26 initiatives in schools, health settings and communities, and online. One of these initiatives, SPARX, is an interactive fantasy-based computer program to help young people learn skills to deal with feeling down, depressed or stressed. It is an evidence-based tool developed by The University of Auckland that has won several international awards and was a finalist in the 2015 New Zealand Innovators Awards.

## What great could look like in 2026

This is our vision for **people-powered** health by 2026.

- People are able to take greater control of their own health by making informed choices and accessing relevant information when they need it; for example, through electronic patient portals.
- Everyone who delivers and supports services in the health and disability system understands the needs and goals of the individual they are supporting as well as their family, whānau and community, and focuses on the person receiving care in everything that they do.
- People access practical, evidence-based health advice from a range of service providers that makes it easier for them to make healthy choices and stay well.
- Technology tools such as mobile devices, smartphones and wearable devices are options for everyone to use.
- New Zealand has a reputation for having innovative and effective health and disability services that are designed with the input of the people who use them.
- People receive high-quality, timely and appropriate services in the most convenient way, from the most appropriate service provider.
- The Ministry of Health is working seamlessly with other government agencies to address other factors that influence people's health.

## 2. Closer to home

# Ka aro mai ki te kāinga

### This theme is about:

- providing care closer to where people live, learn, work and play, especially for managing long-term conditions
- integrating health services and making better connections with wider public services
- promoting wellness and preventing long-term conditions through both population-based and targeted initiatives
- investing in health and wellbeing early in life and focusing on children, young people, families and whānau.

### Why is it important?

Good health begins at home and in communities, so it makes sense to support people's health through services located close to these places where possible. This includes both preventative services that keep them well and treatment services that can be accessed easily.

We will always need specialist services provided in hospitals for complex treatments or surgery. But new skills and technologies are allowing us to shift some services closer to home. For example, minor surgery and intravenous antibiotics for serious skin infections are now available in primary and community care settings as an alternative to hospitals. Encouraging such shifts is important so that services can become more convenient, improve their quality and become more clinically and financially sustainable.

To move services closer to home, we need to redesign the way that services are delivered. We also need to make sure the health and disability

**‘Cross-government agencies working in concert with a shared philosophy will be able to address complex, long-term problems that currently exist in New Zealand.’**

Professional body

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workforce have the skills they need to provide a wider range of services in community settings.

For people who live in remote locations or are unable to reach health services, we can use other approaches to improve the quality of service they receive. For example, telehealth, mobile vans and outreach clinics can all put these people in touch with the care they need.

If we are to provide preventative services and services closer to home, we need to work with other agencies in health and across the wider social and community sectors. By working collaboratively, and with an investment approach (see the box on page 6), we can more effectively understand and respond to the needs of populations that may be under-served or have high needs. Some people in these groups will be dealing with a number of health and other services. For these people, we know that it is very important to coordinate services. For example, effective work between health services and the Accident Compensation Corporation (ACC) helps older people to live well and stay safe in their own homes after a fall.

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## **‘Health starts at home and local service delivery is sensible for many health services, certainly those that focus on wellness and prevention.’**

Non-governmental organisation

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We already have good examples of health services providing integrated services closer to home. Māori and Pacific models and approaches are among these, and there are opportunities to adopt them more widely to make primary care more accessible and affordable.

Māori organisations are uniquely placed to contribute to closer-to-home health care. They are geared to be responsive to their Māori owners, who are often the very community they serve, and are inherently people-centred. This is important as Māori (and also Pacific) adults are more likely than the adult population as a whole to say that they are unable to access primary health care services due to cost (Table 1).

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**Table 1:**  
**Percentage of adults reporting unmet need for primary health care, 2013/14**

	All	Māori	Pacific
Unable to visit GP due to cost	14%	22%	21%
Unable to visit after-hours clinic due to cost	7%	13%	11%
Unable to collect prescription due to cost	6%	13%	16%

Source: Ministry of Health. 2014. *Annual Update of Key Results 2013/14: New Zealand Health Survey*.

The Ngāti Hine Health Trust is establishing an **Integrated Family Health Centre** on site at the Bay of Islands Hospital. It will combine four GPs with Ngāti Hine's tapuhi (community nursing), Well Child / Tamariki Ora, podiatry, adolescent, oral health, mental health, alcohol and drug, physiotherapy, cafeteria and social services all under the one umbrella. It especially aims to meet the needs of rangatahi, kuia and kaumātua. The Centre will provide streamlined services between the hospital and primary care, making use of a single reception area, a common information technology system and common support services.

**'Key tips for a warmer, drier home'** is an information toolkit to support conversations with families and whānau about steps to take for healthy housing, including keeping space between sleeping children. The Ministry of Health has developed it with the Energy Efficiency Conservation Authority (EECA) and the Health Promotion Agency and with input from Māori, Tongan and Samoan communities. The Ministry of Education is using the resource in its work with community groups associated with early childhood education centres.

## Children, families and whānau

Early investment in the health and wellbeing of our children, parents, families and whānau sets the foundation for lifelong health.

New Zealand has a strong base of universal, community-based services that are generally available to all children and families. These include maternity, general practice, immunisation, Well Child / Tamariki Ora, B4 School Check, and community oral health services. We need to continue these services but also increase their use by people who usually have difficulty accessing them. In addition, we need to make better use of them as opportunities for health professionals to work with families to promote healthy development.

For children and young people who are struggling with health or social problems, it is important that they have access to services that will help them thrive and contribute positively to their communities. To provide such access, it will be important to take a social investment approach and coordinate activities across agencies.

He Korowai Oranga, the Māori Health Strategy,<sup>20</sup> uses the concept of whānau ora to reflect its focus on whānau as self-managing, living healthy lifestyles and confidently participating in te ao Māori (the Māori world) and in society.

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20. See [www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga)

**Children’s teams** work locally to respond to the needs of individual children at risk by bringing together the best mix of practitioners, including teachers, doctors, social workers and iwi. This work is guided by the Government’s Children’s Action Plan and the Vulnerable Children Act 2014 as a joint initiative of the ministries of Health, Social Development and Education. Children’s teams aim to help children thrive, achieve and belong by working together as one team on one plan with the child at the centre.

## Long-term conditions and obesity

Like other countries, New Zealand faces a growing burden on its health system from long-term health conditions such as heart disease, respiratory conditions, cancer, mental health conditions, diabetes and musculoskeletal conditions, which is partly influenced by rising obesity. Many of these conditions affect populations in different ways. For example, as Figure 7 shows, diabetes increases with age but is more common among Pacific, Indian and Māori peoples.

**‘... public health initiatives, especially initiatives to reduce the prevalence of smoking, combat obesity and reduce the harms associated with alcohol, are essential to better long-term health outcomes.’**

Māori health network

Population-based strategies can help to prevent long-term conditions, and make healthier choices easier for all New Zealanders. Such strategies include safe sport programmes, public education initiatives, and initiatives with industry to support workplace safety or label food products with relevant health information. One important example of preventative action is Smokefree 2025; the Government intends to put a range of measures in place to accelerate New Zealand’s progress towards the goal of making New Zealand smokefree.

**“‘closer to home” is about knowing who your people are and knowing your services, and [providing services] in ways that are more accessible to those people.’**

Health sector workshop attendee

Primary care and community services can work together to better manage long-term conditions. We need to take advantage of this opportunity, by providing people with easier access to community services.

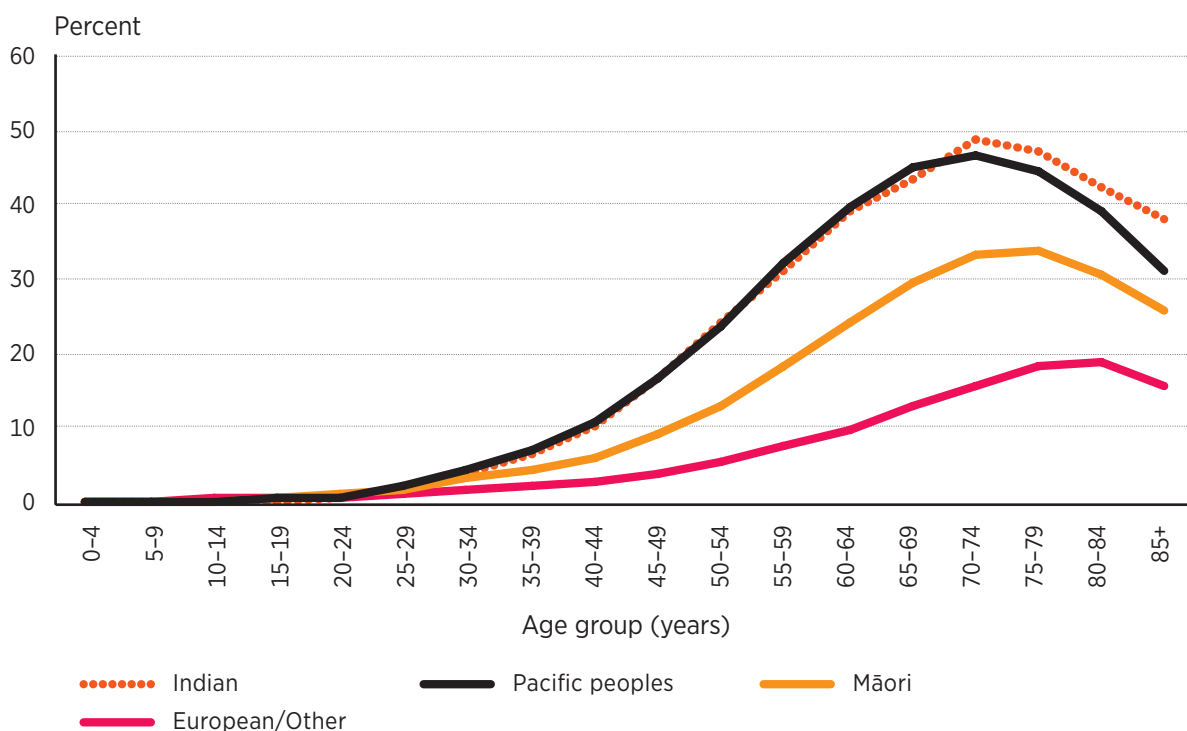
Finally, as people age, they are more likely to experience long-term and complex health conditions. We need to support our expanding population of older people to live well by providing respectful, responsive and person-centred services, including in the later stages of life. We also need high-quality palliative care services available for those of all ages who need them.



**Obesity rates** have increased. From 2016, obesity is expected to overtake tobacco as the leading risk to health.<sup>21</sup> Children living in socioeconomically deprived neighbourhoods are more likely to be obese. Obesity is a preventable risk factor for diabetes, cardiovascular problems, dementia, some cancers, mental illness and chronic pain. Children with obesity may have attention problems that make it more difficult for them to learn.

**A trial to improve the health and wider social outcomes** of people in Porirua started in 2013. With the specific goal of slowing the rate of admissions to emergency departments and hospitals, it worked to strengthen the coordination of local social and health agencies to address the cause of health problems in the community. Important health problems among children living in Porirua improved after the trial started: the number of children enrolled for dental care increased and admissions for skin infections among 5- to 14-year-olds dropped from 34 per year in 2012 to 11 in 2015. This trial empowered local leadership to deal with long-standing causes of health issues in the community.

**Figure 7:**  
**Prevalence of diabetes, by ethnic group and age, 2013**



Source: Ministry of Health. 2014. *Health and Independence Report*.

21. Ministry of Health. 2015. *Annual Update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health; Ministry of Health. 2013. *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006-2016*. Wellington: Ministry of Health.

## What great could look like in 2026

This is our vision for services that are **closer to home** in 2026.

- People are safe, well and healthy in their own homes, schools, workplaces and communities.
- Our health system contributes to lifelong health and wellness through its support for parents, children, families, whānau and older people.
- We have well-designed and integrated pathways for the common journeys people take through our health and disability system (eg, cancer, maternity, diabetes), starting and finishing in homes.
- Our workforce in primary and community-based services has the capability and capacity to provide high-quality care as close to people's homes as possible.
- We have adapted the way our services are configured (at all levels) so that we can get efficiencies of scale where appropriate and take advantage of cross-government partnerships, as well as public and private partnerships.
- Māori and Pacific health models, such as Whānau Ora and 'by Pacific, for Pacific' approaches, are used to provide effective and accessible care that is responsive to the needs of their communities.
- We are good at identifying key health problems, preventing them or slowing their deterioration, and keeping people well. We provide early and well-coordinated care and rehabilitation for people with complex conditions, injuries or disabilities, as well as for frail older people, and for children and families with unmet needs.
- The health system works effectively with other agencies to improve outcomes in areas such as housing, social development and corrections for all children and young people, and particularly those at risk. It works through strong community links with early childhood centres, schools, marae, churches, local authorities and other social service agencies.

## 3. Value and high performance

# Te whāinga hua me te tika o ngā mahi

### This theme is about:

- delivering better outcomes relating to people's experience of care, health status and best-value use of resources
- striving for equitable health outcomes for all New Zealand population groups
- measuring performance well and using information openly to drive learning and decision-making that will lead to better performance
- building a culture of performance and quality improvement that values the different contributions the public and health workforce can make to improving services and systems
- having an integrated operating model that makes responsibilities clear across the system
- using investment approaches to address complex health and social issues.

### Why is it important?

New Zealand's health system performs well, but it can and must do better. It is important to get the best value we can from services, so that New Zealanders receive high-quality services that are affordable and sustainable. If we cut out waste in the delivery of services, we can then deliver better and more extensive services within the resources available. We need to draw on the skills, professionalism and commitment of the health workforce so that we continue to make improvements.

To deliver value, we must focus on the results that matter most. Our approach needs to take account of the full range of influences on health outcomes, including economic factors, human and technological resources, service users' experience, service quality, health behaviours, the physical environment and social factors.

We can make information work much harder for us. Better and more visible information about real-time health results, including patients' experience of care, can help us improve at the front line and at a national level. We want to build a culture of transparency and openness, using high-quality outcome indicators, to build the public's trust and confidence.

The Triple Aim framework (Figure 8) provides a system approach to improving services. It can help us balance our goals across the three aims of the framework. One of its aims is improved health and equity for all populations.

**‘[We need] greater accountability of the system to those who experience poorer health outcomes and who continue to be underserved by the system.’**

Pacific community group

New Zealand’s health system needs to do better for the population groups that do not enjoy the same health as New Zealanders as a whole. These groups include Māori and Pacific peoples, some Asian subgroups, refugees, migrants and people with disabilities. To achieve this, our focus must be on removing the infrastructural, financial, physical and other barriers to delivering high-quality health services, both within the health sector and between it and other sectors. Sometimes, improving the health of these groups will involve tailoring services so they are available in more accessible places or at more suitable times, or are delivered in more culturally appropriate ways.

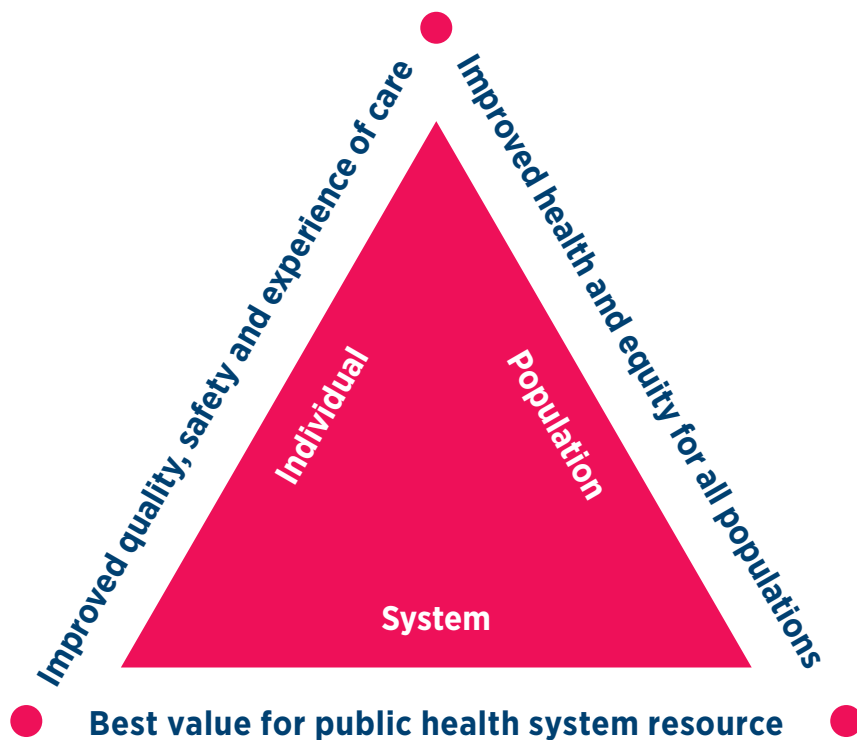
We need to be clear about which agency or organisation is accountable and responsible for what. This is particularly important if we want to provide integrated care. Our operating model must describe the role and purpose of all participants in the system and, equally

**‘Health care providers must ensure the services that they deliver are efficient, of high quality and delivered safely. There must also be a focus on continuous improvement in performance.’**

Health regulatory authority

importantly, our way of working. We need to define the processes and culture that allow us to work as one team, and identify the skills, resources and information that build the processes and culture we need.

**Figure 8:**  
**The New Zealand Triple Aim framework<sup>22</sup>**



22. HQSC. See: [www.hqsc.govt.nz/about-the-commission](http://www.hqsc.govt.nz/about-the-commission)

Failures in the quality and safety of health services are costly to individual people, their families and whānau, and to the system. We need to promote a culture of quality and safety improvement across our health services so that those services minimise patient harm and achieve the best possible health outcomes.

New Zealand has outstanding and internationally recognised research teams, working in and with the health system, who contribute to innovations that can improve performance and safety. Our achievements include developing knowledge and improving practice in relation to asthma and cot death, making links between housing and health, using cooling caps for premature infants, and developing decision support tools for heart disease.

But in general we need to get better and faster at sharing the best new ideas and evidence and putting them to work throughout the system. Such improvements will help us avoid unwarranted variations in the quality, safety and sustainability of services, and will also mean that effort is not wasted when regions or organisations independently develop solutions to common problems. This can be achieved if we take the learnings from successful initiatives and apply them systematically to areas in need of improvement.

Improving value for money so that better health outcomes are achieved using the same resources is vital in the face of changing health needs and growing expectations. Working with others across government is one way to achieve this.

Another way to improve value for money is to realise the potential for the health system to make more use of investment approaches. By adopting a more holistic perspective on social value and costs – that is, taking an investment approach – we can make better decisions and better-informed trade-offs.

**PHARMAC's approach to managing pharmaceutical spending is world leading. New Zealand has one of the highest proportions of generic medicines by volume – third out of 26 OECD countries. In 2014/15, spending on medicines managed by PHARMAC was \$795 million, but PHARMAC estimates that without the savings it has achieved on the cost of medicines since 2004, these medicines would instead have cost almost \$2 billion.**

*Source: PHARMAC Annual Report 2014/15*



## 4. One team

### Kotahi te tīma

#### This theme is about:

- operating as a team in a high-trust system that works together with the person and their family and whānau at the centre of care
- using our health and disability workforce in the most effective and most flexible way
- developing leadership, talent and workforce skills throughout the system
- strengthening the roles of people, families, whānau and communities as carers
- the Ministry of Health leading the system effectively
- collaborating with researchers.

#### Why is it important?

We will need to take a more cohesive team approach across our health and disability system to reach the goal of a high-performing system. We need to work towards shared goals and be able to work beyond organisational boundaries, proactively helping people and populations in need.

We need to reduce the fragmentation of services and care in our health system, and foster greater trust and collaboration. Getting rid of fragmentation will provide us with opportunities to improve the quality of services, improve timeliness of access and reduce duplication of resources.

**‘... a key component of this theme is true integration of services across the health sector and also starting to improve integration with other agencies to support improved health and wellbeing outcomes.’**

Māori health provider

It is important that we have a workforce whose size and skills match New Zealand’s current and future needs. This will mean developing new or stronger skills for some, especially those working in teams containing a range of health specialties to support integrated care that is closer to home. There is also a need to reduce the barriers that currently prevent people from using their skills flexibly and fully.

Another part of creating one team is strengthening the capability of NGO providers. This involves not only developing the capability of their people but also increasing their access to technology infrastructure to allow them to work to their full potential. Pacific health provider collectives, established across New Zealand since 2013, are one example of the way collaboration and capability building can progress among NGOs.

**Whanganui DHB** is using a team approach, working with whānau and community providers, to improve Māori health. A Haumoana (navigator) service helps whānau find their way through DHB services. It has an open-door approach, catering for any family, whatever the need. The service includes provision of a whare for families who experience the sudden death of a whānau member. The service is delivered by non-clinical Māori staff working alongside clinicians and health professionals. It is available 24 hours a day, 7 days a week.

**Healthy Auckland Together** is a coalition working to make it easier for Aucklanders to eat better, exercise more and maintain a healthy weight. The focus is on five areas: streets, parks and places; food environments and marketing; schools and early childhood education services; workplaces; and community settings. The 21 agencies involved include health entities, local government, iwi-based organisations and NGOs. Together, they have developed a regional action plan with 65 actions for working towards their goals.

Beyond the formal workforce, it will be important to support families, whānau and individuals in communities in their roles as carers of people close to them. This support could involve providing health literacy education, as well as information and training specially tailored for volunteers. It could also involve giving people the opportunity to contribute to the design of our health system.

We will need great leaders and managers to enable change. These leaders will make the most of the diverse skills in our system, use resources in the most effective way possible and continuously improve our management processes. Building on the leadership expertise already in the system, we want to foster a culture of adaptive and flexible leadership at all levels, including managers, clinicians and carers from across the health workforce. It is also important that we foster the next generation of leaders.

**‘This will require a new style of leadership: keeping people safe from harm whilst enabling a system that can innovate and deliver a new model of health and social services to New Zealanders.’**

Industry partner



The Ministry of Health has the role of stewardship and overall system leadership. This means it works with DHBs and other Crown entities, such as ACC and the Health Quality and Safety Commission (HQSC), to support their own leadership roles. It also looks at the links between different parts of the system, and strengthens these where needed to support a high-functioning system. Achieving the future envisaged in this Strategy will require strong system leadership. Steps to support the Ministry's capability for this are among the early actions for putting the Strategy into practice.

The **Health Research Council (HRC)** in 2013/14 supported \$42 million of research in collaboration with clinicians and other users. This research includes developing new technologies, carrying out evaluations and cost-benefit analyses, and designing effective interventions. This applied research is supported by the HRC's broader investments in basic research that supports breakthroughs in knowledge.

Source: Health Research Council. 2015. *Research to Action: Improving the lives of New Zealanders through health research.*

A one-team approach also involves links with scientists and researchers, including those working in the health system as clinicians, and those in the wider tertiary education sector or in industry. Their expertise can help us identify opportunities for improvement, measure the impacts of our interventions and introduce new ideas into the system.

In addition, a one-team approach acknowledges the significant contribution Māori make to the health and disability system – as individuals partnering in their own care, as a key part of the health workforce and by contributing to DHB decision-making and service delivery.

This Strategy places particular emphasis on **integration**, which is critically dependent on a team approach. Examples of integration in the health system include:

- integration of care for a **disease condition** or a population group to improve a person's journey through the system; for example, a diabetes pathway
- integration of **health services** to combine different services under one roof; for example, providing Well Child / Tamariki Ora checks in the same place as other primary care services
- coordination with **initiatives in other sectors**; for example, the Healthy Homes Initiatives, Healthy Auckland Together, Healthy Christchurch and Healthy Families New Zealand
- **vertical integration and service planning** that make the right services available in the right coverage areas; for example, access to specialists from remote locations, or sharing equipment across hospitals.

## What great could look like in 2026

This is our vision for the **one-team** approach in 2026.

- The health system is more than the sum of its parts, with each part clear on its role and working to achieve the aims of the system as a whole.
- New Zealanders experience joined-up care that clearly shows different organisations and professionals working as one team.
- The system has competent leaders who have an unwavering focus on the system's goals, and a culture of listening carefully and working together in the interests of people's ongoing wellbeing.
- New Zealand offers coherent pathways for developing leadership and talent that inspire and motivate people already working in the health system, and those considering health work as a career.
- We invest in the capability and capacity of our workforce, including in NGOs and the volunteer sector, and make sure that investment fosters leadership, flexibility and sustainability.
- The Ministry of Health is an excellent steward and system leader, playing its role effectively as part of the wider health and disability system, and partnering with other sectors.
- New Zealand and international research, best practice and local innovations are shared freely and used to make improvements nationally.

## 5. Smart system

# He atamai te whakaraupapa

### This theme is about:

- discovering, developing and sharing effective innovations across the system
- taking advantage of opportunities offered by new and emerging technologies
- having data and smart information systems that improve evidence-based decisions, management reporting and clinical audit
- having reliable, accurate information that is available at the point of care
- providing individual online health records that people are able to access and contribute to
- using standardised technology that allows us to make changes easily and efficiently.

### Why is it important?

Our system needs to become a learning system, by seeking improvements and innovations, monitoring and evaluating what we are doing, and sharing and standardising better ways of doing things when this is appropriate. Key tools to help make this shift to a learning system are data and technology.

Well-organised data collected through the health system and from elsewhere can help us to target different population groups and track their progress towards both better health outcomes and wider goals shared with other government agencies. Information we collect can improve our understanding of the cause and effect relationships between health and other social services, the effectiveness of different ways of working, and the value for money offered by different interventions. Health research and

**‘There is an immense opportunity for technology to assist with information sharing, gathering of health data, and identifying trends in performance that feedback into whole of system improvements.’**

Non-governmental organisation

**eReferrals** make the patient journey smoother by facilitating the transfer of information between health care providers. They support faster clinical decision-making and increase safety by making it less likely for referrals to be lost or hard to read. eReferrals allow specialists to communicate with referrers on the best treatment options. This may mean that people can be treated in the community, without needing specialist appointments. Auckland, Waitemata and Counties Manukau DHBs have been using eReferrals between GPs and hospitals since 2012. From April to June 2015, eReferrals made up 64,415 out of 86,077 or 75 percent of total referrals in the Auckland metro DHBs.

evaluations also contribute to the evidence base for effective care in New Zealand.

The world of technology is advancing very fast. Every aspect of our lives is affected. New technologies have already had a profound impact on industries like banking, air travel and retail. In the coming years they will play a significant role in the health system in terms of what, how, where and when services are provided, and who provides them.

New technologies have the potential to generate large amounts of data that can give insights into the health system and the health of New Zealanders. Data and smart information systems can support evidence-based decisions on treatments, options and interventions. Technology can perform some tasks for us, help us communicate with each other and ultimately improve our productivity.

**Shared care plans** give people with complex long-term conditions ownership of their health care, supported by a multidisciplinary team. With these plans, they can set their own health goals with measurable outcomes. In Canterbury and Auckland DHBs, significant numbers of people are enrolled in shared care programmes – over 16,000 in total have active care plans. The DHBs are creating plans not only for people with long-term conditions, but also for people receiving palliative care, older people needing acute care and others needing advanced care. A health navigator takes responsibility for coordinating the care of each person with a shared care plan.

With electronic health records, people can access their own health information and gain more control of their own health. Health providers can also share this electronic information with others so that all providers give people timely and consistent care and make better decisions, within an environment that has strong and clear accountabilities for safeguarding privacy. For groups that may struggle to gain access to traditional services, this kind of electronic access to information can help provide alternatives. As information technologies become a more important and common part of health care, it will be important to make sure all groups gain equitable benefits from them.

Health information and services can be provided to people via voice or video through the devices they already use, such as phones and computers. These telehealth approaches can help give people in rural locations and those with limited mobility such as older or disabled people access to specialist care. They can improve management of long-term conditions, decrease hospital admissions and reduce travel costs.

Technology involves more than just digital technologies. Other technologies are revolutionising health systems: robots and other automated systems are carrying out repetitive and predictable processes, advanced analytics are providing new insights into complex health problems, and research breakthroughs in human and life sciences are making ‘personalised medicine’ a reality for more and more people. We need processes in place that enable our health system to make best use of emerging technologies where this makes sense.

Health professionals can use **telehealth** to deliver health services without being in the same room as the person receiving care. With telehealth, professionals can also deliver health care-related education, research and evaluation remotely. In Central Otago, doctors can support children with type 1 diabetes through a safe and secure video link to specialists in Dunedin. As a result, the children and their families do not need to make a six- to eight-hour round trip for a routine half-hour appointment. It means people living in rural or remote areas in Central Otago have access to the same specialist care as those living in the city. Currently, 17 out of 20 DHBs are actively using telehealth.

While technology brings many benefits, both to the system and to individuals, introducing new information technologies and other technologies in a fragmented way would make systems overly complex and expensive. To share new technological innovations, we must have sufficient scale and standardisation to introduce them across our system as a whole.

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## **‘The sharing of successful innovations across the whole health system and collaborative approaches enable standardised approaches to common challenges or needs.’**

Health network

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## What great could look like in 2026

This is our vision for a **smart system** in 2026.

- A culture of enquiry and improvement exists throughout the health system, which has seamless links to research communities. The system learns and shares knowledge and innovation rapidly and widely.
- New Zealand is systematically evaluating and making appropriate use of emerging technologies in fields such as robotics, genomics and nanotechnology.
- Data is used consistently and reliably, with appropriate safeguards, to continuously improve services.
- New Zealanders use patient portals regularly and effectively to access their health information and improve their interactions with their doctor and other health care providers.
- When people attend a health service for the first time, the provider already knows their details. Their journey and scheduling are integrated.
- People at risk of particular conditions have easier access to follow-up tests and services and benefit from more individually tailored treatment and management plans.
- The quality of health care is high as health workers spend quality time with people, make fewer errors and make better decisions.

**Nelson Marlborough DHB** has developed an emergency department system that demonstrates how clinicians can lead the design and development of innovations. ED at a Glance displays all of a service user's relevant information on a large electronic whiteboard for ED staff. It allows clinicians access to a person's existing care management plan each time they come in. Since the project was introduced in 2013, the number of visits to the ED by the most frequent attenders has fallen significantly. This frees up the ED for those who need really urgent care. In 2014, ED at a Glance won Dr Tom Morton and his team the Clinician's Challenge – an award from the National Health IT Board and Health Informatics New Zealand for innovative uses of technology to improve care.

# Turning strategy into action

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## Making the Strategy happen will require effort from everyone who works in the system and contributes to health in New Zealand.

Figure 10 (page 38) shows the wide range of inter-linked players in New Zealand's health and disability system. They include many government and Crown agencies, including DHBs, as well as NGOs and private providers such as Māori and Pacific providers and independent general practices. As this strategy makes clear, at the heart of the system are New Zealanders themselves – people who use the health system and their families, whānau and networks of informal carers and supporters.

The performance of the system depends not only on the capability of each individual part but also on the strength of links throughout the system. The Ministry of Health supports these links through its stewardship role.

### Roadmap of Actions

In a system with so many players, we need to be clear about what needs to happen and when, and who is responsible. This strategy has a 10-year outlook. But making it happen requires some shorter-term signposts. These are developed in the second part of the Strategy, the Roadmap of Actions.

The roadmap takes the five strategic themes introduced in the Future Direction and lays out concrete action areas to focus on over five years. Figure 11 (page 39) indicates some of the results expected from carrying out the actions.

The roadmap will be updated annually, serving as a practical guide for DHBs and other organisations to support them in planning and prioritising work to deliver the Strategy. In all the work that they do, DHBs are expected to reflect the directions of the New Zealand Health Strategy. The roadmap updates will be made with continued collaboration across the health system through a new annual forum.

### Tracking progress

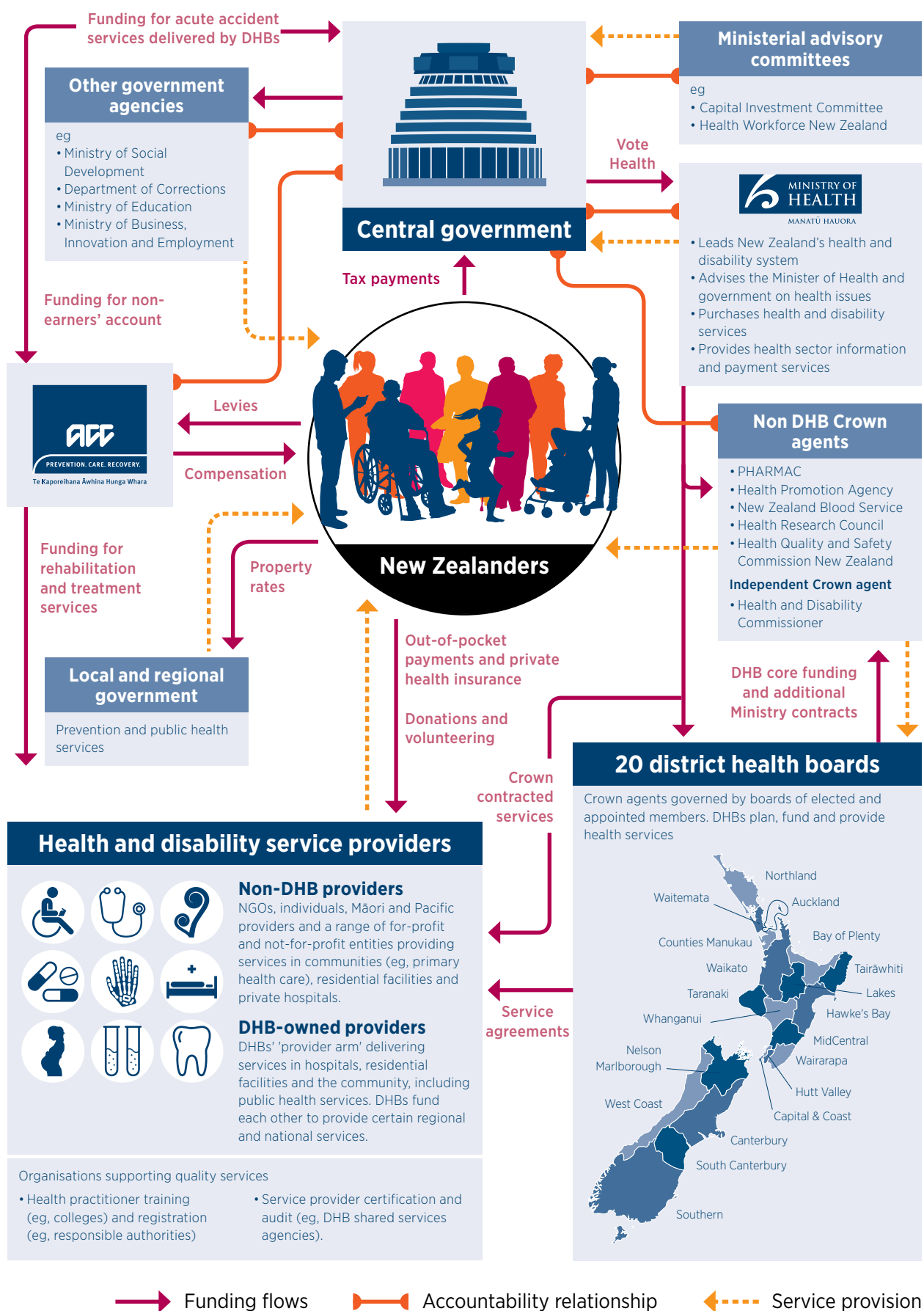
In partnership with the health system, and other government agencies, the Ministry of Health will monitor work undertaken on the actions in the roadmap as part of making the Strategy happen.<sup>23</sup>

A set of measures, including measures of health outcomes and equity of outcomes, will be used to track progress. These will be shared widely to demonstrate and motivate ongoing learning and change. They will also support the Minister's annual report on the implementation of the Strategy as required by legislation.

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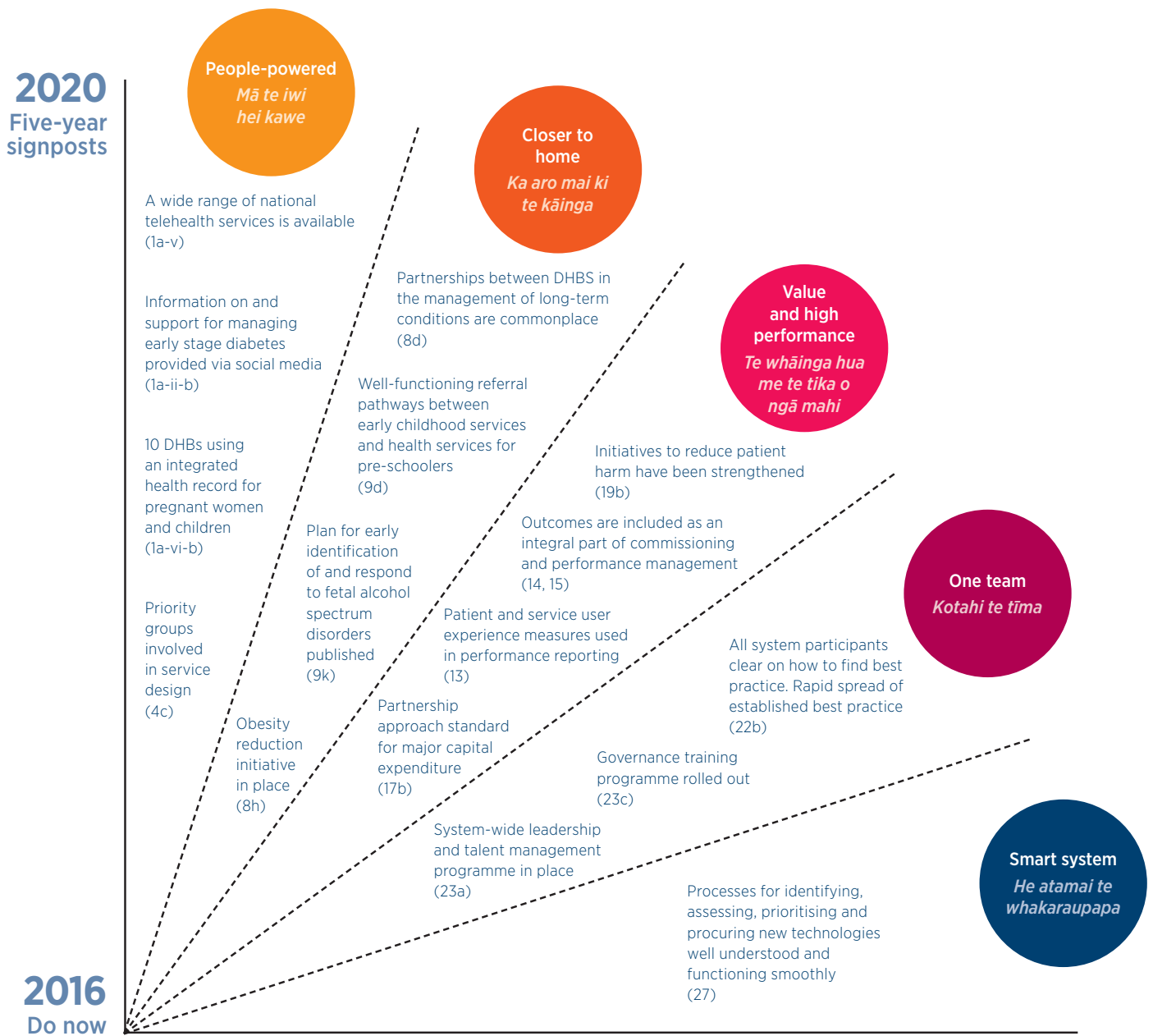
23. Action 16 in the *New Zealand Health Strategy: Roadmap of Actions 2016* sets out this monitoring role.

**Figure 10:**  
**Overview of the New Zealand health and disability system**





**Figure 11:**  
**Possible results from implementing the Roadmap of Actions over time**  
 (Selected examples only; see the roadmap for the full list of actions.)  
 The numbers refer to actions in the 2016 version of the roadmap.











# New Zealand Health Strategy

## Roadmap of actions 2016

**All New Zealanders**  
**live well**  
**stay well**  
**get well**

New Zealand Government

Released April 2016

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# **New Zealand Health Strategy**

## **Roadmap of actions 2016**



**All New Zealanders**

**live well**

**stay well**

**get well**

New Zealand Government





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# Introduction

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**New Zealand's health system is good by international standards but we need to continue to adapt and find new ways of working. By doing so, we can make sure we are doing our best for the health and wellbeing of New Zealanders into the future.**

Like many other health systems around the world, our system faces the challenges of an ageing population and a growing burden of long-term conditions, such as heart disease, diabetes and mental health conditions, and issues such as obesity that lead to long-term health problems.

The Government expects the public health system to continue to focus on delivering high-quality health services, improving performance where it matters most.

It also wants to tackle priority issues that have a wider impact, such as housing quality and the wellbeing of children. The health system already contributes strongly to improving these issues. Stronger partnerships and changing approaches will allow us to do even more.

The **New Zealand Health Strategy** (the Strategy) has been developed to guide change in the system. Over the longer term, the Strategy's implementation will lead to a health system with a new way of working to support the health and wellbeing of New Zealanders.

The Strategy has two parts:<sup>1</sup>

- **The New Zealand Health Strategy: Future Direction** (companion document) outlines the high-level direction for New Zealand's health system over the 10 years from 2016 to 2026. It lays out some of the challenges and opportunities the system faces; describes the future we want, including the culture and values that will underpin this future; and identifies five strategic themes for the changes that will take us toward this future.
- **The New Zealand Health Strategy: Roadmap of actions 2016** (this document) identifies 27 areas for action over five years to make the Strategy happen.

The areas of work set out in this roadmap will have a critical role in driving change. In some cases, this is because they have a system-wide impact; in others, it's because they prompt further action by modelling or unlocking the particular change required. Some areas address issues that are a priority for the Government. In this case, this roadmap underlines what we need to do to reach Government goals.

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<sup>1</sup> Both parts of the Strategy together comprise the 'New Zealand health strategy' required by Section 8(1) of the New Zealand Public Health and Disability Act 2000.

The work areas in this roadmap are not all new. Most are, to varying degrees, already part of programmes of work at the Ministry of Health and in district health boards (DHBs), in other Crown entities and across the system.

Their presence in this roadmap signals that they are important for the future of New Zealand's health system. It also reflects our expectation that we will focus on them collectively to achieve positive change.

The Strategy includes eight principles that reflect the values of New Zealanders and their expectations of the system (see the box overleaf). These principles apply also to this roadmap and have relevance across all the themes and to many of the actions. The Strategy principles can be used to guide decisions; for example, about how services could be redesigned, who should be involved and what outcomes to expect.

For example, the principle that acknowledges the Treaty of Waitangi should guide the design of training for health workers and board members to ensure they have appropriate knowledge about the Treaty, what it means for the participation of Māori in the health system, partnership approaches to services and the need to improve the health status of Māori.

**Section A** of this roadmap describes action areas under each of the five themes of the Strategy (Figure 1).

**Section B** of this roadmap outlines how the Strategy will be put into action. It also covers the ongoing work to update this roadmap each year.

**Figure 1:**  
**Five strategic themes**  
**of the Strategy**



## **Refreshed guiding principles for the system**

1. Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
2. The best health and wellbeing possible for all New Zealanders throughout their lives
3. An improvement in health status of those currently disadvantaged
4. Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors
5. Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A high-performing system in which people have confidence
7. Active partnership with people and communities at all levels
8. Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing

## Section A:

# Action areas

---

**This section of the roadmap sets out actions within 27 work areas under each of the five themes of the Strategy. We have laid out the actions in a way that recognises that progress will happen in steps.**

We recognise that different organisations will be at different stages in their own development. The actions in this roadmap aim to account for this through the general approach taken. The actions typically start with an assessment of current progress. They then comprise guidelines for sharing good practice and build on further improvement from that base.

The actions are intended to be carried out within a five-year timeframe, with the first steps starting in 2016/17 and indicated with an asterisk (\*). The workplan will be updated each year, as section B describes.

Appendix 1 summarises the 27 areas for action.

# 1. People-powered

## Mā te iwi hei kawē

The people-powered theme reflects the Government's priority of delivering 'better public services' and the opportunity to achieve this through taking more people-centred approaches to providing health services. A people-powered system will involve people not only as users of health services but also as partners in health care. It will support and equip all New Zealanders to be **informed** about and **involved** in their own health.

New Zealand is home to a diverse range of cultures and ethnicities, and our health system has to cater for all of our people, at all points in their lifespan. The better we **know** people's preferences and lifestyles, their health needs, their experiences of care and the outcomes they are seeking, the better we can **design** services that provide value for people. For example, many Pacific peoples have strong connections with churches, so it can make sense to use churches as convenient access points for health care advice or services, designed in partnership with these communities.

### What do we want in five years?

- People have access to reliable, clear information, including online, to find out about the choices they can make and how they can take greater responsibility for their own health.
- People can easily provide feedback on their experiences of using services.
- The design of the health and disability system reflects 'person, need, outcome' principles. The system measures what matters to people. People's involvement improves the quality, safety and experience of services and is beginning to influence health outcomes and the equity of health outcomes.
- Providers listen to service users to understand the needs and desired health outcomes for populations in their area, and how populations are segmented. Planners continuously improve services to better meet these needs and improve outcomes and the equity of outcomes.

## Build health literacy and active two-way engagement

### Action 1

Inform people about public and personal health services so they can be 'health smart' and have greater control over their health and wellbeing.

- a. Improve coordination and oversight and expand delivery of information to support **self-management of health** through a range of **digital technologies**.
  - i. \* Start with a stocktake of current provision and consider different innovation and information channels relevant to people's needs when growing the network of available information.
  - ii. Use social media to support healthy living by providing:
    - a) authoritative, clear information to support people to make healthy food and activity choices
    - b) information on diabetes prevention and early stage management.
  - iii. Provide parents and caregivers of children with clear information (eg, via mobile apps) to support, for example, making healthy food choices, drinking water, brushing teeth and finding ways to be more active.
  - iv. Promote interactive computer game ideas to support good health and wellness for priority groups.
  - v. \* Continue to strengthen the National Telehealth Service by providing more support for people to manage their own health and conditions related to illness and injury.
  - vi. Create partnerships for better health services by giving everyone involved in a person's care, including the person, access to the same information:
    - a) \* promote and increase use of health information accessible via a patient portal
    - b) \* double the number of early adopter DHBs that are using an integrated health record for pregnant women and children (as part of the Maternity Information System) from five to ten.
  - vii. Better connect immigrants with health services – work with the Office of Ethnic Communities and Immigration New Zealand to inform new immigrants about how the New Zealand health service works and direct them to appropriate services.



**Action 2**

Make the health system more responsive to people.

- a. Enable Māori to contribute to decision-making on health and disability services and participate in the delivery of those services.
- b. Strengthen capability to understand the full range of the needs and circumstances of people, how to reach them effectively and how to respond to those needs effectively.
- c. Build cultural competence in the system to reflect New Zealand's cultural diversity.
- d. Foster genuine two-way communication between providers and health system users, so that providers have a good understanding of people's needs and aspirations for wellbeing before taking a course of action.
- e. Increase engagement, especially by priority population groups and population groups that are hardest to reach.
- f. Run public e-forums on selected health and social issues.
- g. Implement collaborative processes in the health sector to better share understanding among agencies and communicate it to others.

## Support the consumer movement

### Action 3

#### Engage the consumer voice.

- a. Ask the public what dimensions of service delivery and wellbeing are most important to them and use this information to report on progress against the Health Strategy.
- b. Build local responses to issues raised during Health Strategy consultation that need to be dealt with at a local or regional level.
- c. Increase participation in the health system by priority groups.

### Action 4

**Promote people-led service design** by collecting and sharing good examples of it from design laboratories and practices. Focus especially on those examples that effectively reach and understand high-need priority populations.

- a. Identify and showcase three high-quality, people-led service designs at the annual forum (links to action 22).
- b. Support clinician-led collaborations to engage with high-need priority populations on key health issues.
- c. Develop methods for involving priority groups in service design.
- d. Develop and implement an action plan to improve the health of people with learning/intellectual disabilities.

### Action 5

In selected high-need communities, build on, align, clarify and simplify the multiple programmes currently focused on achieving the best results from social investment in those communities.

## 2. Closer to home

# Ka aro mai ki te kāinga

Good health begins at home and in communities and these are the places most people would choose to receive the care and support they need for their health. We will always need hospitals. But the opportunities are growing for **shifting services** out of such specialist centres, so that we can prevent and manage health conditions safely and effectively in people's local communities. One way we can do this is to help people in the health workforce undertake tasks they are skilled (or can be trained) to do that have traditionally been outside their roles.

This theme is where public health, personal health services, other social services and the broader community and business environment intersect. It focuses on prevention and wellbeing, early intervention and rehabilitation for **long-term conditions**, through evidence-based initiatives aimed broadly at all New Zealanders as well as those designed for people at higher risk. It also recognises the pressing need for us to work together more effectively to support **children, families and whānau**, particularly those at risk of poor health or social outcomes.

### What do we want in five years?

- People have access to services, information and support as close as possible to home. These services are available when they want them, and access to services is as easy as possible.
- The balance of services for long-term conditions will have shifted closer to the service user (by growing preventative, self-management, rehabilitation, home, community and primary care services).
- Services from health promotion and primary care up to tertiary-level services are configured in a way that is more effective, equitable and sustainable. Services are delivered in community settings where possible.
- Investment approaches will be the norm for agencies across government to improve overall outcomes and to support provision of services for at-risk children and families and other priority populations.

## Shift services

### Action 6

To maximise value for people and achieve the **best health outcomes**, the Ministry of Health, with input from others in the system, will ensure the **right services are delivered at the right location** in an equitable and clinically and financially sustainable way.

- a. \* The Ministry of Health and DHBs work together to establish service configuration design principles (recognising that some services, such as allied health and primary care, need to be available locally, while other specialist services, such as heart transplants, need only be in one location).
- b. Map and simplify referral pathways.
- c. Collaborate on the approach to implementation and timing.

### Action 7

Enable all **people working in the health system** to add the greatest value by making sure they are providing the right care at the earliest time while **fully utilising their health skills and training**.

- a. \* Work with health professionals to develop a single competency framework, which includes cultural competence, for all prescribers in New Zealand.
- b. \* Increase the use of telehealth approaches, including telemedicine and telemonitoring, to provide services to people closer to their home.
- c. \* Take advantage of technological advances in order to make services more accessible.

## Tackle long-term conditions and obesity

### Action 8

Increase the effort on **prevention, early intervention, rehabilitation and wellbeing** for people with long-term conditions, such as diabetes and cardiovascular disease, by addressing common risk behaviours such as obesity and intervening at key points across the life course.

- a. \* Agree the outcomes framework for setting expectations and judging success.
- b. \* Reorient planning guidance and performance management to outcomes for long-term conditions. Begin by focusing on one of these conditions; for example, diabetes or mental health conditions or cardiovascular disease.
- c. \* Make greater use of new and existing clinical networks across different DHB regions to strengthen collaborative approaches to long-term conditions.
- d. Support the spread of best practice over time, by requiring partnerships between those producing the best and most equitable health outcomes and others.
- e. Over time, progressively target other aspects of preventing and managing long-term conditions – perhaps population segments, or weaker segments of the end-to-end journey; perhaps emerging conditions.
- f. Capture the service user’s care plan in an electronic form for access by all health providers who make up the care team.
- g. \* Collaborate with other government agencies to implement an evidence-based programme of vocational rehabilitation to keep people with long-term conditions in employment.
- h. \* Implement and monitor a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. The package should take a life-course and progression of condition approach, and ensure parents have good information and that those with greater need receive greater support. Action will be taken across a range of settings where children learn, live and play, such as schools.

### Action 9

Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those in priority groups or at risk.

- a. \* Increase support to pregnant and postnatal women experiencing mental health and alcohol and other drug conditions.
- b. \* Promote healthy nutrition and activity for pregnant women and children to reduce the prevalence of childhood and adult obesity.
- c. \* Support families, especially those with newborn babies, to have healthy housing (warm, dry and smokefree) and address crowding issues, to reduce transmission of infectious diseases, infant mortality and family stress.
- d. \* Enhance collaboration between early childhood services and health services for pre-schoolers, to improve early childhood education attendance and better address unmet health and development needs.
- e. \* Lead the Government's work to improve outcomes for at risk children aged 0-5 years, so they are safe, healthy and learning, they belong and enjoy economic opportunities.
- f. \* Support the Ministry of Education's lead for at-risk 15- to 24-year-olds, which includes working towards improved health outcomes for these young people.
- g. Investigate expanding the Well Child / Tamariki Ora programme to include parenting education, training and support aimed at increasing children's social, emotional and behavioural competence.
- h. Expand the Healthy Housing programme to target and measure a reduction in avoidable admissions to hospitals in priority groups.
- i. \* Connect children and families of offenders to health services.
- j. \* Work with the Accident Compensation Corporation (ACC) and other partners to build on a range of programmes that support young people to make healthy relationship choices, with the aim of reducing the incidence of sexual and family violence in the future.
- k. Plan and implement a range of actions to prevent fetal alcohol spectrum disorders and improve the response of the health and social sectors to children and families living with the disorder.

## Support for older people with high and complex needs

### Action 10

Involve health and other social services in developing shared care for older people with high and complex needs in residential care facilities or those needing support at home, so that older people and their family and whānau receive integrated support to live well.

- a. Enhance the role of shared-care plans, using lessons learned from the new model of disability support.
- b. Improve connections between primary care and support services delivered in people's homes and in the community.
- c. Work with the Ministry of Social Development and other social sector agencies to improve health and social outcomes for vulnerable older people and improve support for those who care for them at home.
- d. Review, together with service users, quality dimensions for aged residential care and home support.
- e. ACC, Health Quality and Safety Commission New Zealand (HQSC), DHBs and the Ministry of Health work jointly on injury prevention and rehabilitation to improve the quality of life for older people.

## Support for the final stages of life

### Action 11

Support clinicians and people in developing advance care plans and advance directives by building existing national and international resources and networks.

### Action 12

Review adult palliative care services to ensure all those who would benefit from palliative care at the end of their life are able to access high-quality, culturally appropriate care and have a seamless experience regardless of whether they are at home, in hospital, in a hospice or in an aged residential care facility.

## 3. Value and high performance

# Te whāinga hua me te tika o ngā mahi

Possibly one of the most important and achievable gains we can make in the performance of the system will come from making smarter and more transparent use of information. As an integral part of a **performance framework based on health outcomes** and equity of health outcomes, this improved use of information will bring immediate benefits at the point of care and also in the longer term. It will also help the system as a whole to more purposefully target high-need priority populations.

This theme recognises that we need to make better use of our **funding, better directing it** to where needs are greatest, and that we could achieve this by taking a **health investment** approach with a long-term mindset. We are already doing well in terms of **quality and safety**. Strengthening relationships with key agencies, such as HQSC and ACC, will allow us to do even better.

The New Zealand Productivity Commission's recommendations on More Effective Social Services recognise that improving social outcomes depends critically on the involvement and capability of not only government agencies but also non-governmental organisations (NGOs) and the wider community sector.

### What do we want in five years?

- There is a greater focus on health outcomes, equity and results that really matter to the public across the health system. The accountabilities of health organisations have been reoriented to reflect this focus.
- Service users have a more prominent role in shaping improvements to system performance.
- The performance and planning system supports the strategic direction.
- Funding supports providers to improve their service:
  - changes to funding processes improve access to universal services for high-need priority populations
  - providers use a health investment approach
  - funding, incentives and payment streams for primary care support its role in the system
  - commissioning of services and payment approaches focus on equity of health outcomes
  - purchasing from NGOs and commissioning at the local level are improved to better support NGO performance and sustainability.
- Services at all levels of the system are providing high-quality care as a result of ongoing programmes of monitoring and improvement.



## Improve performance and outcomes

### Action 13

#### \* Enable people to be partners in the search for value.

- a. The Ministry, working with the HQSC, will develop and implement **measures of service user experience**. These measures could build on the HQSC's existing work with online surveys of patient experience.
- b. Develop more transparent, robust and meaningful public reporting of performance information, including patient safety data.

### Action 14

\* Develop and implement a **monitoring framework focused on health outcomes**, with involvement from the health and disability system, service users and the wider social sector. The framework will reflect the links between people and priority groups, their needs and outcomes of services and will shift the focus from inputs to outcomes. This work will build on the Integrated Performance and Incentive Framework and results-based accountability and aims to increase equity of health outcomes, quality and value.

### Action 15

\* Work with the system to develop a **performance management** approach that makes use of streamlined reporting at all levels, to make the whole system publicly transparent. This will draw on service user experience results as well as quality and safety information (developed through actions 13a and 19), and operate within the outcomes framework (developed through action 14). It will involve approaching planning, monitoring and continuous improvement in a tight-loose-tight way (ie, setting specific target outcomes, making service delivery options flexible and being tight on achieving health and equity outcomes) and supporting innovation.

### Action 16

Maintain the direction set by the Strategy.

- a. \* Monitor and report publicly on progress on the Strategy, well coordinated with the monitoring and public reporting of associated strategies and periodically evaluate progress (years 5 and 9).
- b. \* Review, refine and renew roadmap actions each year.
- c. \* Establish a Strategy Leadership Group with representation from across the system, to advise the Director-General of Health on the Strategy's progress, implementation and refinement.

## Align funding

### Action 17

Align funding better **across the system** with a rolling programme focused on getting the best value from health investment (including incentives where relevant to support Strategy direction).

- a. \* Explore possible means for improving access to **health services for those most in need through financial support**.
- b. \* **Embed the partnership approach between the Ministry of Health, The Treasury and DHBs for major capital expenditure**, providing additional support from people with expertise in major capital expenditure to strengthen governance, planning and delivery.
- c. \* **Improve commissioning** by using a wider range of service delivery models, expanding the use of contracting for health and equity of health outcomes and building capability to lift the quality of commissioning (as the New Zealand Productivity Commission recommended in its review of More Effective Social Services).
  - i. Review funding, contracting and accountability arrangements for primary maternity and Well Child / Tamariki Ora services to better support access to, and integration of, health and social services for children, families and whānau with complex needs.
  - ii. Increase joint commissioning across the health and social sectors and quality improvement in youth services.
  - iii. Improve commissioning models for NGOs to enable streamlined and flexible contracting that supports providers to be sustainable.
- d. Where appropriate, improve consistency between services funded by health and those funded by ACC, the ministries of Justice and Social Development and the Department of Corrections.
- e. Agree on **information technology project funding** priorities, with input from across the system.
- f. Build capability across health and social service providers, especially those delivering services to priority groups and the most vulnerable, to promote sustainable options and choice within communities.

## Target investments

### Action 18

Continue to develop the application of the social investment approach to health investment with DHBs. This approach could be used to target high-need priority populations in order to improve overall health outcomes and improve equity, while developing and spreading better practices. This approach will increase knowledge about population segmentation, drive collaboration, build skills in developing investment cases in the system, improve visibility of value for money and build on the New Zealand Productivity Commission's recommendations around a learning system.

- a. \* Develop the techniques, standards and guidance for health investment cases.
- b. Trial the approach by targeting services for population segments for whom the potential health and fiscal returns are highest. Funding will be awarded on the basis of the strongest investment cases for a three- to five-year period so that NGO providers can have longer-term contracts where relevant.
- c. Review results and learnings and, if appropriate, extend the approach throughout the country for the selected population outcome and segment, and/or other outcomes and population segments.

## Improve quality and safety

### Action 19

**Continuously improve system quality and safety.** The Ministry of Health will achieve this by:

- a. \* partnering with other organisations on quality and safety initiatives in primary and rest home care
- b. \* working with ACC and HQSC to strengthen initiatives to reduce patient harm, focusing on services with the highest potential to make gains for patients
- c. \* working with ACC and HQSC to analyse and share data on patient safety and treatment injury, making continuous improvements to solutions to the problems identified
- d. \* reviewing and streamlining annual reporting to include relevant quality performance reporting.

## 4. One team

### Kotahi te tīma

The Strategy demands a more integrated and cohesive system that puts people and their families and whānau at the centre of care. However, making this happen will only be possible when people within the system have a clear view of their own **roles, responsibilities and accountabilities**, whether these are in **governance**, clinical, managerial or other areas. In its role as system leader, the Ministry of Health is responsible for keeping a **whole-of-system** view, and this will be supported by an annual forum where others in the system can feed into **annual planning**.

Great **leadership**, including bringing together clinical, managerial and governance perspectives, leads to great health outcomes. Health system staff are demanding better support for developing leadership and talent; the system needs to meet that demand. The sustainability of our health and disability **workforce** must be secured to meet changing population needs and new models of care. Building the capability and diversity of the workforce will help it to meet the demands for more integrated health care, prevention, self-care and care closer to home. Ensuring sustainability could also include developing and drawing on skills in the wider NGO and volunteer communities.

#### What do we want in five years?

- All participants within the system are committed to collaboration and the future direction of the system. They freely and rapidly share innovation and good practices, and support one another. Survey results show rising levels of engagement across the system.
- Roles throughout the system are clearer and better understood; so are the parameters within which organisations and people carry out those roles.
- People from across the health system are meeting together at least once a year to review progress, share ideas and plan for the future.
- The health and disability workforce has improved significantly in terms of its leadership, cohesion, flexibility, diversity and sustainability.

## Enhance cross-sector, whole-of-system working

### Action 20

Improve **governance** and **decision-making processes** across the system in order to improve overall outcomes, by focusing on **capability, innovation and best practice**.

- a. \* Review governance arrangements across the system, including those of the Ministry of Health and ministerial advisory committees.
- b. Regularly review DHBs' governance performance.

### Action 21

The Ministry of Health will work with leaders in the system to make a more cohesive health system, including by **clarifying roles, responsibilities and accountabilities** across the system as part of the planning and implementation of the Strategy.

- a. \* The Ministry will review its structures, processes and culture so that it is well positioned for its stewardship role in the system and its leadership role in implementing the Strategy, which includes providing good-quality policy and legislative/regulatory advice and monitoring performance.
- b. DHBs will carry out their roles and responsibilities at national, regional and local levels, including any changes to these as a result of implementing the Strategy.

### Action 22

Taking a **'one-team' approach to health in New Zealand** requires a united team of health professionals, carers and volunteers, suppliers of goods and services, researchers and those working in related areas such as housing, education and employment. To support this approach, the Ministry of Health will **facilitate forums for the whole system every year** (in advance of DHB planning activities) to discuss government priorities, share international and New Zealand best practices and build leadership. Feedback from the forums will be used to advise the Minister of Health on system priorities each year. The forums will also contribute to a culture of trust and partnership, both within the health sector and across other sectors, with consumers and other actors.

- a. \* Communicate yearly to share progress on the implementation of the Strategy.
- b. \* Share best practices and identify, publicise and spread examples of innovation that demonstrate improvements in equity of health outcomes, efficiency, quality and safety, and reduction of harm.
- c. \* Clinicians share innovative models at the annual forum for preventing and managing long-term conditions and agree on best practices that should be used nationally.

## Build leadership and manage talent

### Action 23

Put in place a **system leadership and talent management programme** to enhance capacity, capability, diversity and succession planning throughout the sector.

- a. \* Develop a system-wide leadership and talent management programme aligned with the State Services Commission framework.
- b. Use the same principles to strengthen skills and capability and expand support for the NGO/primary and volunteer sector.
- c. \* Develop and run a governance training programme specifically designed for the system.
- d. \* Work with HQSC to equip clinical networks to lead quality improvement, emphasising clinical leadership.

## Support a sustainable and adaptive workforce

### Action 24

Put in place **workforce development** initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.

- a. Working with other social sector agencies, the Ministry of Health will identify areas of workforce capacity planning that it can lead on behalf of the social sector and accelerate workforce development actions for the carer, kaiāwhina and support workforce.
- b. The Ministry of Health will identify and use workforce data to inform workforce planning and development where a workforce is vulnerable, and will initiate a remedial work programme to address this vulnerability.
- c. Create incentives and pathways that use the skills and experience of the growing workforce that is older or retired.
- d. Identify ways to best use the skills and expertise of the allied health workforce.
- e. Track and publish progress towards a goal of workforce diversity, working with: Health Workforce New Zealand; educational institutes; the ministries of Education, Social Development, Business, Innovation and Employment, and Pacific Peoples; ACC; Tertiary Education Commission; Te Puni Kōkiri; and iwi.

## 5. Smart system

# He atamai te whakaraupapa

To become a learning system that makes best use of innovation, research and emerging technologies, we need to develop our **analytical capability and the quality of our data** at a national level. When we have and share good-quality information, the health system will be able to perform better and work more effectively with other government agencies in other sectors.

We need to give all New Zealanders, no matter where they interact with the health system, access to online information about their health and social services. We can do this by extending the current range of online services, health information and decision support tools, and by developing **electronic health records and patient portals**. It is challenging, but important, to keep up with the development of **health technologies** such as robotics, genomics and nanotechnologies. We need to actively scan, evaluate and develop **knowledge** and **innovative technologies** in a New Zealand context, and apply the best of these nationally.

### What do we want in five years?

- The system has a strong analytical capability that meets national standards and is able to transform specific data into the knowledge required to accurately and effectively target services to meet people's needs. This includes knowledge about which health services have strong potential to help achieve priority outcomes in wider social service areas, such as employment.
- Government agencies design and collect information consistently and share information to identify different segments in the population, so that they can better target health services, including services to help achieve priority social outcomes.
- Innovative health technologies and best practices are rapidly identified, evaluated and introduced across the system.
- With better processes and clearer roles and responsibilities, the system is quicker to adopt digital solutions and processes designed to national standards.
- Data is consistent and accurate. It is accessible across the country, and not needlessly duplicated. Privacy is assured.
- People are increasingly able to interact with the health system online.

## Strengthen national analytical capability

### Action 25

Increase New Zealand's **national data quality and analytical capability** to make the whole health system more transparent and provide useful information for designing and delivering effective services.

- a. The Ministry of Health will work with other government agencies to improve information and analytics so that they can take effective cross-sectoral action at all levels of the system.
  - i. \* Develop analytical and research networks to inform decision-making, working with Superu, the Health Research Council and other agencies.
  - ii. \* Work with Statistics New Zealand's integrated data infrastructure to inform prioritisation of health and social investment programmes.
  - iii. Build the capability to understand the full range of people's needs and circumstances, how to reach them effectively and how to respond to those needs effectively, and improve sharing of the knowledge gained.
  - iv. Build the evidence on what works in high-needs communities and for priority groups.
  - v. \* Increase the Ministry of Health's capability (links to actions 20 and 21).

## Use electronic records and patient portals

### Action 26

The Ministry of Health will establish a national electronic health record that is accessed through certified systems including: patient portals, health provider portals and mobile applications.

- a. \* Design and implement a national electronic health record, with appropriate standardisation so that certified health applications can access high-quality data.
- b. \* Continue to promote patient portals so that over time all New Zealanders can access their health information electronically.
- c. \* Public hospital-based health providers use a common provider portal to access medical records, standardised so that they can share medical records effectively and with appropriate privacy safeguards.
- d. Establish a list of certified mobile 'health apps' that service users and health providers can use with confidence (to be known as the 'Health App Formulary').
- e. Improve the functionality of the electronic handling of prescribed medicines.



## Strengthen the impact of health research and technology

### Action 27

Develop capability for **effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies**. This action area seeks to improve the health system's service effectiveness, reduce cost, improve engagement with people who access health services, promote healthy behaviours and self-management, and aid people-led design. It includes use of new technologies (medicines, medical devices from dressings to robotics, cell and tissue therapies), service design/ models of care and information technology.

- a. \* The Ministry of Health works with the Ministry of Business, Innovation and Employment and the Health Research Council to consult with government agencies and the public to better align health research in New Zealand and strengthen its impact.
  - i. Develop and implement the New Zealand Health Research Strategy.
- b. \* Continue to develop and implement the regulatory scheme to support the assessment and uptake of therapeutic products, including medicines, medical devices, cell and tissue therapeutic products and hybrids thereof.
- c. Continue to improve and simplify processes and systems to prioritise and procure technologies and develop processes that make it easier to introduce technologies based on genomics, genetics and epigenetics in a sustainable way.
- d. Provide an environment that can rapidly take advantage of the opportunities presented by international developments in models of care, ways of working and technology by:
  - i. monitoring proactively
  - ii. reviewing policy settings in discussion with service providers, clinical leaders, professional groups and suppliers of goods and services to the sector.

## Section B:

# Implementation

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**Implementing a strategy involves doing new things, doing some things differently and stopping other things.**

At the level of the health system, there will undoubtedly be challenges in putting this roadmap into action. It is ambitious and will involve change. To achieve the future we want, each of us will need to do things differently.

The actions in this roadmap are expected to contribute to the direction of the Strategy and its five themes. They also reflect New Zealand and international experience and research about what enables health systems to change and how these enablers can be used in implementation.

These enablers include the use of existing good practice as a springboard, leadership that supports change and the effective use of data about the impact of actions to inform further adjustments.

Implementation will also need to recognise that it can take time and effort to build trust and work in new ways. We will need to treat it as a learning process – there will be things that work well and things that don't. We need to work together as a team and freely share what we learn.

## Creating the roadmap together

This Roadmap of actions will be a living document, updated every year as new developments and results emerge, but remaining within the context of the overall Strategy. The Ministry of Health will lead an annual forum that will provide a place to share practice, develop a system overview and inform the roadmap and the annual actions (action 22). We also intend to give others in the health system an important role in monitoring and advising on progress by creating a Strategy Leadership Group (action 16c) that is responsible for advising the Director-General of Health.

## Annual planning

The Strategy, including this roadmap, provides guidance for the annual planning cycle of DHBs and other agencies working in the health system, including the Ministry of Health.

The New Zealand Public Health and Disability Act 2000 requires DHBs' annual plans to reflect the direction set out in the Health Strategy. In addition, the Crown Entities Act 2004 allows the Minister of Health to direct statutory Crown agents for whom the Minister of Health is responsible to give effect to government policy that relates to the entity's functions and objectives.<sup>2</sup>

## Role of the Ministry

In partnership with the Strategy Leadership Group, the Ministry of Health will:

- keep an overview of the changes put into action through the Strategy and this roadmap
- advise the Minister of Health on the changes to policy or regulation that are needed to make the Strategy happen
- monitor the agencies involved in putting the Strategy into action.

The Ministry is also responsible for implementing or supporting others to implement many of the actions in the Strategy.

## Tracking progress

Further information and updates on the roadmap will be made available through the Health Strategy page on the Ministry of Health's website: [www.health.govt.nz](http://www.health.govt.nz)

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2 Crown agents under the responsibility of the Minister of Health are district health boards, the Health Promotion Agency, the Health Quality and Safety Commission New Zealand, the Health Research Council, the New Zealand Blood Service and PHARMAC.

## Appendix 1:

# Summary of actions

<p><b>People-powered</b></p> <p><i>Mā te iwi hei kawe</i></p>	<ol style="list-style-type: none"><li>1. Inform people about public and personal health services so they can be 'health smart' and have greater control over their health and wellbeing.</li><li>2. Make the health system more responsive to people.</li><li>3. Engage the consumer voice by reporting progress against measures important to the public, building local responses and increasing participation of priority groups.</li><li>4. Promote people-led service design, including for high-need priority populations.</li><li>5. In selected high-need communities, build on, align, clarify and simplify multiple programmes of social investment.</li></ol>
<p><b>Closer to home</b></p> <p><i>Ka aro mai ki te kāinga</i></p>	<ol style="list-style-type: none"><li>6. Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way.</li><li>7. Enable all people working in the health system to add the greatest value by providing the right care at the earliest time, fully utilising their skills and training.</li><li>8. Increase the effort on prevention, early intervention, rehabilitation and wellbeing for people with long-term conditions. This includes addressing common risk factors.</li><li>9. Collaborate across government agencies, using social investment approaches, to improve the health outcomes and equity of health and social outcomes for children, young people, families and whānau, particularly those at risk.</li><li>10. Involve health and other social services in developing shared care for older people with high and complex needs in residential care facilities or those needing support at home.</li><li>11. Support clinicians and people in developing advance care plans and advance directives.</li><li>12. Review adult palliative care services to ensure all those who would benefit from palliative care at the end of their life are able to access high-quality care and have a seamless experience.</li></ol>

<p><b>Value and high performance</b></p> <p><i>Te whāinga hua me te tika o ngā mahi</i></p>	<p>13. Enable people to be partners in the search for value by developing measures of service user experience and improving public reporting of performance.</p> <p>14. Implement a framework focused on health outcomes to better reflect links between people, their needs and outcomes of services.</p> <p>15. Work with the system to develop a performance management approach with reporting that makes the whole system publicly transparent.</p> <p>16. Maintain the direction set by the Strategy through monitoring and evaluation, and advice from a Strategy Leadership Group.</p> <p>17. Align funding across the system to get the best value from health investment.</p> <p>18. Continue to develop the application of the social investment approach to health investment with DHBs. Consider using this approach to improve overall outcomes for high-need priority populations, while developing and spreading better practices.</p> <p>19. Continuously improve system quality and safety.</p>
<p><b>One team</b></p> <p><i>Kotahi te tīma</i></p>	<p>20. Improve governance and decision-making processes across the system in order to improve overall outcomes, by focusing on capability, innovation and best practice.</p> <p>21. Clarify roles, responsibilities and accountabilities across the system as part of the process of putting the Strategy into action.</p> <p>22. Create a ‘one-team’ approach to health in New Zealand through an annual forum for the whole system to share best practice and help build a culture of trust and partnership.</p> <p>23. Put in place a system leadership and talent management programme to enhance capacity, capability, diversity and succession planning throughout the sector.</p> <p>24. Put in place workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.</p>
<p><b>Smart system</b></p> <p><i>He atamai te whakaraupapa</i></p>	<p>25. Increase New Zealand’s national data quality and analytical capability to make the whole health system more transparent and provide useful information for designing and delivering effective services.</p> <p>26. Establish a national electronic health record that is accessed through certified systems including patient portals, health provider portals and mobile applications.</p> <p>27. Develop capability for effectively identifying, developing, prioritising, regulating and introducing knowledge and technologies.</p>